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| Fill in this information to identify your case: | | |
|-------------------------------------------------|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Lynn First name M. Middle name Gochis Last name and Suffix (Sr., Jr., II, III) | Peter First name J. Middle name Gochis Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Lynn M. LaBee | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6597 | xxx-xx-3933 |

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Debtor 1 Lynn M. Gochis
Debtor 2 Peter J. Gochis

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 1051 S. Normandy Road Waukegan, IL 60085 | If Debtor 2 lives at a different address: | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Lake County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

| | | Case 17-2 | 21430 | Doc 1 | Filed 07/19/17 | Entered 07 Page 3 of 8 | 7/19/17 10:29:43 | Desc Main |
|------|------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deb | | Lynn M. Gochis Peter J. Gochis | | | Document | raye 3 UI o | Case number (if known) | |
| Part | | Tell the Court About | our Banl | cruptcy Cas | е | | | |
| 7. | Bank | hapter of the ruptcy Code you are sing to file under | | (10)). Also, g ter 7 ter 11 ter 12 | ef description of each, se o to the top of page 1 and | | | ndividuals Filing for Bankruptcy |
| 8. | How | you will pay the fee | ab ord a p I n Th bu ap | out how you der. If your at ore-printed ac eed to pay the Filing Fee equest that it is not requiplies to your | may pay. Typically, if you torney is submitting your ddress. he fee in installments. in Installments (Official Firmy fee be waived (You red to, waive your fee, ar family size and you are to | If you choose this of orm 103A). may request this open and may do so only if unable to pay the fee | e yourself, you may pay with behalf, your attorney may proper prior, sign and attach the a potton only if you are filing for f your income is less than a | in your local court for more details th cash, cashier's check, or money pay with a credit card or check with Application for Individuals to Pay or Chapter 7. By law, a judge may, 150% of the official poverty line that noose this option, you must fill out it with your petition. |
| 9. | bankı | you filed for ruptcy within the years? | ■ No. □ Yes. | District _ District _ | | When When When | Case nu Case nu Case nu | mber |
| 10. | filed I not fil you, o | ny bankruptcy s pending or being by a spouse who is ling this case with or by a business er, or by an tte? | ■ No □ Yes. | Debtor District Debtor District | | When When | Relationsh | ber, if known |
| 11 | Do vo | ou rent vour | | Go to line | a 12 | | | |

11. Do you rent your residence?

No.

Go to line 12

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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| Peter J. Gochis | | | Case number (if known) | | |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | | | | | |
| Report About Any Bu | sinesses | You Own as a Sole Propri | etor | | |
| Are you a sole proprietor of any full- or part-time business? | ■ No. | No. Go to Part 4. | | | |
| | ☐ Yes. | Name and location of bu | usiness | | |
| A sole proprietorship is a | | | | | |
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | | | |
| If you have more than one sole proprietorship, use a | | Number, Street, City, St | ate & ZIP Code | | |
| it to this petition. | | Check the appropriate b | ox to describe your business: | | |
| | | ☐ Health Care Bus | iness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | ☐ Stockbroker (as | defined in 11 U.S.C. § 101(53A)) | | |
| | | ☐ Commodity Brok | zer (as defined in 11 U.S.C. § 101(6)) | | |
| | | ☐ None of the above | ve | | |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropulations. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement rations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process 1 U.S.C. 1116(1)(B). | | | |
| For a definition of small | ■ No. | I am not filing under Cha | apter 11. | | |
| business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | ☐ Yes. | I am filing under Chapte | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| 4: Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention | | |
| Do you own or have any | ■ No. | | | | |
| alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | |
| public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | |
| | | • | | | |
| perishable goods, or livestock that must be fed, or a building that needs | | Where is the property? | | | |
| argoni ropans: | | | Number, Street, City, State & Zip Code | | |
| | | | | | |
| | Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). 4: Report if You Own or Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, | Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). Yes. | Are you affiling under Chapter 11 of the Bankruptcy Code and are you a small business debtor? Are you filling under Chapter 11 of the Bankruptcy Code and are you a small business debtor? Are you filling under Chapter 11 of the Bankruptcy Code and are you a small business debtor, see 11 U.S.C. § 101(51D). Are pour own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? Are you sole proprietors of you own perishable goods, or livestock that must be fed, or a building that needs immediate attention? Are pour a sole proprietor of any full- or part-time businesses You Own as a Sole Proprietor of any full- or part-time businesses You Own as a Sole Proprietor of any full- or part-time businesses You Own as a Sole Proprietor of any full- or part-time businesses You Own as a Sole Proprietor of any full- or part-time businesses You Own as a Sole Proprietor of the businesses You Own any proprietorship is a businesses You Own any property that needs immediate attention? Are you affiling under Chapter 11, the deadlines. If you indicate that you are operations, cash-flow statement, and in 11 U.S.C. 1116(1)(B). Are you affiling under Chapter 11, the deadlines. If you indicate that you are operations, cash-flow statement, and in 11 U.S.C. 1116(1)(B). No. I am filling under Chapter Code. Yes. I am filling under Chapter Chapter Code. Yes. What is the hazard? If immediate attention is needed, why is it needed? | | |

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Debtor 1 Lynn M. Gochis

Debtor 2 Peter J. Gochis Case number (if known)

Part 5: Explai

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-21430 Doc 1 Filed 07/19/17 Entered 07/19/17 10:29:43 Desc Main Document Page 6 of 83

| | otor 2 Peter J. Gochis | | | | Case nu | umber (if known) | |
|-----|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|
| Par | t 6: Answer These Quest | ions for Rep | orting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurindividual primarily for a personal, family, or household purpose." | | | | | |
| | | | No. Go to line 16b. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | | Are your debts primarily bu noney for a business or inve | | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16c. S | State the type of debts you o | we that are not consu | mer debts or bus | siness debts | |
| 17. | Are you filing under Chapter 7? | □ No. I | am not filing under Chapter | 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | | am filing under Chapter 7. E re paid that funds will be ava | | | | and administrative expenses |
| | administrative expenses are paid that funds will | | No | | | | |
| | be available for distribution to unsecured creditors? | Γ | Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | ı | □ 25,001 | -50,000 |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | ☐ 50,001 | |
| | | □ 100-199 □ 200-999 | | □ 10,001-25,0 | 00 | ☐ More ti | han100,000 |
| 19. | How much do you | □ \$0 - \$50 | ,000 | □ \$1,000,001 | - \$10 million | □ \$500,0 | 00,001 - \$1 billion |
| | estimate your assets to be worth? | □ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | | ☐ \$1,000,000,001 - \$10 billion |
| | | | | | | | 0,000,001 - \$50 billion han \$50 billion |
| 20. | How much do you | □ \$0 - \$50 | ,000 | \$ 1,000,001 | - \$10 million | □ \$500,0 | 00,001 - \$1 billion |
| | estimate your liabilities to be? | | 1 - \$100,000 | □ \$10,000,001 | | | 0,000,001 - \$10 billion |
| | | | 1 - \$500,000 1 - \$1 million | | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | | 00,000,001 - \$50 billion than \$50 billion |
| Por | t 7: Sign Below | | | — \$100,000,00 | 71 - \$500 111111011 | | |
| | | I become | ata ad distance of the control of th | | and the state of t | | Codering and a second |
| For | you | | nined this petition, and I dec | | | • | |
| | | | osen to file under Chapter 7, es Code. I understand the re | | | | |
| | | | ey represents me and I did n I have obtained and read the | | | | help me fill out this |
| | | I request re | lief in accordance with the c | hapter of title 11, Unite | ed States Code, | specified in this peti | tion. |
| | | | d making a false statement, case can result in fines up t | | | | aud in connection with a 8 U.S.C. §§ 152, 1341, 1519, |
| | | /s/ Lynn N | | | /s/ Peter J. C | | |
| | | Lynn M. C Signature o | | | Peter J. Goo Signature of D | - | |
| | | Executed o | MM / DD / YYYY | | Executed on | July 19, 2017 MM / DD / YYYY | |

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| Lynn M. Gochis Peter J. Gochis | Document | Case number (if known) | |
|-----------------------------------|----------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ John E | . Gierum | Date | July 19, 2017 |
|----------------|------------------------|---------------|-----------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| John E. G | ierum | | |
| Printed name | | | |
| Gierum & | Mantas | | |
| Firm name | | | |
| 2700 S. Ri | ver Road | | |
| Suite 308 | | | |
| Des Plaine | es, IL 60018 | | |
| | City, State & ZIP Code | | |
| Contact phone | 847/318-9130 | Email address | John@gierummantas.com |
| 0951803 | | | |
| Bar number & S | tate | | |

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| Fill in this information to identify your case: | | | |
|-------------------------------------------------|-------------------------------|--|------------------------------------|
| United States Bankruptcy Court for the: | | | |
| NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | Chapter you are filing under: | | |
| | Chapter 7 | | |
| | ☐ Chapter 11 | | |
| | ☐ Chapter 12 | | |
| | ☐ Chapter 13 | | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 7:

Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Lynn M. Gochis

Signature of Debtor 1

Funn YN HO

MM / DD / YYYY

7-14-2017

Peter J. Gochis

Signature of Debtor 2

MM) DD / YYYY

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Debtor 1 Lynn M. Gochis Debtor 2 Peter J. Gochis

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor

Date 7//4/2017

John E. Gierum

Printed name

Gierum & Mantas

Firm name

2700 S. River Road

Suite 308

Des Plaines, IL 60018

Number, Street, City, State & ZIP Code

Contact phone 847/318-9130 Email address

John@gierummantas.com

0951803

Bar number & State

| Fill in this infor | | | | | |
|---------------------------------|-------------------------------|-------------------|-------------|---|---------------|
| Debtor 1 | Lynn M. Gochis First Name | Middle Name | Last Name | 1 | |
| Debtor 2 (Spouse if, filing) | Peter J. Gochis First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | if this is an |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

Yes. Name of person

Attach Bankruptcy Petition Preparer's Notice. Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Lynn M. Gochis Signature of Debtor 1
Date AUM M HOUNS

Peter J. Gochis Signature of Debtor 2

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| Fill in this inform | nation to identify your o | case: | | | |
|---------------------------------------------------------------------------|-------------------------------|--------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|
| Debtor 1 | Lynn M. Gochis First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Peter J. Gochis First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case number (if known) | | | | | Check if this is an amended filing |
| Official For Statement | | ffairs for Indiv | riduals Filing for I | Bankruptcy | 4/16 |
| information. If m | | ttach a separate sheet t | | re equally responsible for sup any additional pages, write you | |
| Part 12: Sign B | Selow | | | | |
| are true and corre with a bankruptcy | ect. I understand that n | naking a false statemen | and any attachments, and I nt, concealing property, or o oprisonment for up to 20 yea | declare under penalty of perju obtaining money or property b ars, or both. | ary that the answers y fraud in connection |
| Lynn M. Gochi Signature of Det Date Jyyy Did you attach ad No | n'm fochis | Sign | er J. Gochis ature of Bebtor 2 | ng for Bankruptcy (Official For | m 107)? |

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------------------|-------------------------------|-------------------|-------------|---|------------------------------------|
| Debtor 1 | Lynn M. Gochis First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Peter J. Gochis First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | C | Check if this is an amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

Lynn M. Gochis Signature of Debtor 1

Date Aynn M. Young 7-14-2017 X

Peter J. Gochis

Signature of Debtor 2

- IU I-

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| ill in this inf | ormation to identify your case: | Check one box only as directed in this form and in Form | |
|--------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|
| Debtor 1 | Lynn M. Gochis | 122A-1Supp: | |
| Debtor 2 Spouse, if filing) | Peter J. Gochis | ■ 1. There is no presumption of abuse | |
| Jnited State | s Bankruptcy Court for the: Northern District of Illinois | 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test | |

Case number

3. The Means Test does not apply now because of qualified military service but it could apply later.

Calculation (Official Form 122A-2).

□ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Part 3:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Peter J. Gochis

Signature of Debtor 2

X HUMM HOULDS

Date

7-14-2017 MM/DD/YYYY

Signature of Debtor 1

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Official Form 122A-1

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| Fill | in this in | forma | ation to identify your case: | |
|-------|------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deb | tor 1 | Ly | nn M. Gochis | |
| | tor 2 ouse, if fil | | eter J. Gochis | |
| Unit | ed States | s Bank | ruptcy Court for the: Northern District of Illinois | |
| | e number nown) | r | | ☐ Check if this is an amended filing |
| | | | n 122A - 1Supp of Exemption from Presumption of Ab | ouse Under § 707(b)(2) 12/15 |
| ile t | his supp opted fro usions in | olemei om a p | nt together with Chapter 7 Statement of Your Current Monthly Incoresumption of abuse. Be as complete and accurate as possible. If statement applies to only one of you, the other person should com C. § 707(b)(2)(C). | ome (Official Form 122A-1), if you believe that you are two married people are filing together, and any of the |
| Pari | 1 10 | dentify | y the Kind of Debts You Have | |
| 1. | persona | I, fami | ts primarily consumer debts? Consumer debts are defined in 11 U.S. ly, or household purpose." Make sure that your answer is consistent wing for Bankruptcy (Official Form 1). | C. § 101(8) as "incurred by an individual primarily for a the hanswer you gave at line 16 of the Voluntary Petition for |
| | ■ No. | suppl | Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is</i> lement with the signed Form 122A-1. Part 2. | no presumption of abuse, and sign Part 3. Then submit this |
| Pari | 2: 0 | Determ | nine Whether Military Service Provisions Apply to You | |
| 2. | Are you | | abled veteran (as defined in 38 U.S.C. § 3741(1))? | |
| | ☐ Yes. | (0.00) | ou incur debts mostly while you were on active duty or while you were pS.C. § 101(d)(1); 32 U.S.C. § 901(1). | performing a homeland defense activity? |
| | 000.000 | No. | Go to line 3. | |
| | | Yes. | Go to Form 122A-1: on the top of page 1 of that form, check box 1, <i>Th</i> submit this supplement with the signed Form 122A-1. | ere is no presumption of abuse, and sign Part 3. Then |
| 3. | Are you | or ha | ive you been a Reservist or member of the National Guard? | |
| | ☐ No. | Con | nplete Form 122A-1. Do not submit this supplement. | |
| | Yes. | Wer | e you called to active duty or did you perform a homeland defense active | vity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). |
| | | No. | Complete Form 122A-1. Do not submit this supplement. | |
| | | Yes. | Check any one of the following categories that applies: | W. Colon L. Landson and J. Colon and |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case. | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a |
| | | | I am performing a homeland defense activity for at least 90 days. | homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). |
| | | | I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before I file this bankruptcy case. | If your exclusion period ends before your case is closed, you may have to file an amended form later. |

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| Fill in this info | rmation to identify your case: | Check one box only as directed in this form and in Form |
|------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1 | Lynn M. Gochis | 122A-1Supp: |
| Debtor 2 (Spouse, if filing) | Peter J. Gochis | ■ 1. There is no presumption of abuse |
| United States Bankruptcy Court for the: Northern District of Illinois Case number | | 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). |
| (if known) | | 3. The Means Test does not apply now because of qualified military service but it could apply later. |
| | | ☐ Check if this is an amended filing |

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Part 3:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x flynn M. Gochis

Signature of Debtor 1

Date 7-14-2017

Peter J. Gochis Signature of Debtor 2

Date

MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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| Fill | in this infor | ma | tion to identify your case: | | |
|------|------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deb | tor 1 | Lyr | nn M. Gochis | | |
| | otor 2 ouse, if filing) | | ter J. Gochis | | |
| Unit | ed States Ba | ankr | uptcy Court for the: Northern District of Illinois | | |
| | e number nown) | | | | ☐ Check if this is an amended filing |
| | | | n 122A - 1Supp of Exemption from Presumption of | Ab | use Under § 707(b)(2) 12/15 |
| exen | npted from a usions in th | a pr | t together with Chapter 7 Statement of Your Current Monthly esumption of abuse. Be as complete and accurate as possib tatement applies to only one of you, the other person should C. § 707(b)(2)(C). | le. If t | wo married people are filing together, and any of the |
| Par | 1 Iden | ntify | the Kind of Debts You Have | | |
| 1. | personal, fa | amily | s primarily consumer debts? Consumer debts are defined in 11 y, or household purpose." Make sure that your answer is consistent for Bankruptcy (Official Form 1). | | |
| | su | pple | Form 122A-1; on the top of page 1 of that form, check box 1, <i>The</i> ement with the signed Form 122A-1. | ere is r | no presumption of abuse, and sign Part 3. Then submit this |
| | ☐ Yes. Go | o to | Part 2. | | |
| Par | 2: Dete | ermi | ine Whether Military Service Provisions Apply to You | | |
| 2. | Are you a | | abled veteran (as defined in 38 U.S.C. § 3741(1))? line 3. | | |
| | | | ou incur debts mostly while you were on active duty or while you w S.C. § 101(d)(1); 32 U.S.C. § 901(1). | vere p | erforming a homeland defense activity? |
| | □ No | | Go to line 3. | | |
| | ☐ Ye | | Go to Form 122A-1: on the top of page 1 of that form, check box submit this supplement with the signed Form 122A-1. | 1, <i>The</i> | ere is no presumption of abuse, and sign Part 3. Then |
| 3. | Are you or | · hav | ve you been a Reservist or member of the National Guard? | | |
| | □ No. C | Com | plete Form 122A-1. Do not submit this supplement. | | |
| | ☐ Yes. V | Vere | you called to active duty or did you perform a homeland defense | activ | ity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). |
| | □ No | | Complete Form 122A-1. Do not submit this supplement. | | |
| | ☐ Ye | S. | Check any one of the following categories that applies: | | If you checked one of the categories to the left, go to Form |
| | С | | I was called to active duty after September 11, 2001, for at lea 90 days and remain on active duty. | st | 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then |
| | Г | | I was called to active duty after September 11, 2001, for at lea 90 days and was released from active duty on | st _' | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a |
| | г | | I am performing a homeland defense activity for at least 90 d | lave | homeland defense activity, and for 540 days afterward. 11 |
| | _ | | | 86 | U.S.C. § 707(b)(2)(D)(ii). |
| | L | | I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days befo file this bankruptcy case. | | If your exclusion period ends before your case is closed, you may have to file an amended form later. |
| | | | | | |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

Lynn M. Gochis In re Peter J. Gochis

Case No.

Debtor(s)

Chapter 7

| | DISCLOSURE OF COMPENSA | ATION OF ATTORNE | Y FOR | R DEBTOR(S) |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b). I compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or | the petition in bankruptcy, or ag | reed to be | paid to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 2,858.00 |
| | Prior to the filing of this statement I have received | | \$ | 2,858.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensa | tion with any other person unles | s they are | members and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render | legal service for all aspects of t | ne bankru | ptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statemer c. Representation of the debtor at the meeting of creditors at d. [Other provisions as needed] Per representation agreement | nt of affairs and plan which may | be require | ed; |
| 6. | By agreement with the debtor(s), the above-disclosed fee doe Representation of the debtors in any discha any other adversary proceeding. | | | dances, relief from stay actions or |
| | C | ERTIFICATION | | |
| thi | I certify that the foregoing is a complete statement of any agrs bankruptcy proceeding. Date フルリー) | John E. Gierum 0951 Signature of Attorney Gierum & Mantas 2700 S. River Road Suite 308 Des Plaines, IL 60018 847/318-9130 Fax: 84 John@gierummantas Name of law firm | 803 7/318-91 | |
| | | | | |

United States Bankruptcy Court Northern District of Illinois

Lynn M. Gochis In re Peter J. Gochis

Case No.

Debtor(s)

Chapter 7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors:

49

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: 7-14-17

Lynn M. Gochis Signature of Debtor

Date: 7-14-17

Peter J. Gochis Signature of Debtor

| _ |
|---|

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | | assets of what you own |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 260,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 207,645.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 467,645.00 |
| Pai | rt 2: Summarize Your Liabilities | | |
| | | | liabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 315,569.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 2,123,808.68 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 393,323.74 |
| | Your total liabilities | \$ | 2 922 704 42 |
| | | <u> </u> | 2,832,701.42 |
| Pai | rt 3: Summarize Your Income and Expenses | | 2,032,701.42 |
| Pai 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | |
| 4. | Schedule I: Your Income (Official Form 106I) | | 10,242.24 |
| 4. 5. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I Schedule J: Your Expenses (Official Form 106J) | \$ | 10,242.24 |
| 4. 5. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 10,242.24 7,838.00 |
| 4. 5. Pai | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 10,242.24 7,838.00 |
| 4. 5. Pai | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ \$ ur other so | 10,242.24 7,838.00 chedules. |

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| Debtor 1 Debtor 2 | Lynn M. Gochis | Case number (if known) | |
|----------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----|
| 8. Fro r | m the Statement of Your Current Monthly In A-1 Line 11; OR, Form 122B Line 11; OR, Form | ncome: Copy your total current monthly income from Official Form 122C-1 Line 14. | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|------------------------------------------------------------------------------------------------------------------------------|------|--------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 2,123,808.68 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 2,123,808.68 |

| | C | ase 17-21430 | Doc 1 | Filed 07/19/1 | .7 Entered 07/19/1 Page 21 of 83 | 7 10:29:43 | Desc | Main |
|------|-----------------------------------------|---------------------------------------------|----------------------------|------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------|------------|----------------------------------------------------------------|
| FIII | in this info | rmation to identify | your case and t | | | | | |
| Deb | otor 1 | Lynn M. Goc | his | | | | | |
| | | First Name | | le Name | Last Name | | | |
| | otor 2 ouse, if filing) | Peter J. Gocl | | le Name | Last Name | | | |
| Uni | ted States E | Bankruptcy Court for | the: NORTHER | RN DISTRICT OF IL | LINOIS | | | |
| | se number | | | | | | _ | l Objects (file) |
| Cas | se number | | | | | | | I Check if this is an amended filing |
| n ea | chedu ch category c it fits best. | Be as complete and a ore space is needed, a | operty escribe items. List | le. If two married peo | If an asset fits in more than one ople are filing together, both are on the top of any additional pages, | equally responsible | for supp | lying correct |
| Part | Describ | e Each Residence, Bu | ilding, Land, or O | ther Real Estate You | Own or Have an Interest In | | | |
| . D | o you own o | r have any legal or equ | uitable interest in | any residence, buildi | ng, land, or similar property? | | | |
| | No. Go to P | art 2. | | | | | | |
| | • res. where | e is the property? | | | | | | |
| 1.1 | 1051 S. I | Normandy Road | | | erty? Check all that apply | 5 | | |
| | | ss, if available, or other desc | cription | | multi-unit building ium or cooperative | the amount of any | secured cl | s or exemptions. Put laims on Schedule D: Secured by Property. |
| | Waydaa | an II | 60085-0000 | | red or mobile home | Current value of t | | Current value of the |
| | Waukeg | an IL State | ZIP Code | Land Investment | t property | entire property? | - | sortion you own? \$260,000.00 |
| | | | | ☐ Timeshare | | Describe the natu | ire of you | r ownership interest |
| | | | | Other Who has an inter | rest in the property? Check one | (such as fee simp a life estate), if kr | • | cy by the entireties, or |
| | | | | Debtor 1 o | | , | | |
| | Lake | | | Debtor 2 o | nly | | | |
| | County | | | _ | nd Debtor 2 only | ☐ Check if this | is commu | ınity property |
| | | | | | e of the debtors and another n you wish to add about this item | (see instructions | s) | |
| | | | | property identific | • | i, sucii as local | | |
| | | | | | | | | |
| | | | | | es from Part 1, including any | | | \$260,000.00 |
| | | | | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debt Debt | • | Ca | ase number (if known) | |
|---------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------|
| 3. C a | ars, vans, trucks, tractors, sport utili | ty vehicles, motorcycles | | |
| | No | | | |
| | Yes | | | |
| | | | | |
| 3.1 | | Who has an interest in the property? Check one | Do not deduct secured c | laims or exemptions. Put ed claims on Schedule D: |
| | Model: Mustang | Debtor 1 only | | ims Secured by Property. |
| | Year: 2001 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | \$5,000.00 | \$5,000.00 |
| 3.2 | Make: Lincoln | Who has an interest in the property? Check one | Do not deduct secured c | laims or exemptions. Put |
| | Model: MKZ | Debtor 1 only | | ims Secured by Property. |
| | Year: 2012 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: 155,0 | | entire property? | portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | use for Uber and Lyft | ☐ Check if this is community property | \$9,000.00 | \$9,000.00 |
| | | (see instructions) | | |
| 5 A | | u own for all of your entries from Part 2, including an /rite that number here | | \$14,000.00 |
| Part : | 3: Describe Your Personal and Househ | old Items | | |
| Do y | ou own or have any legal or equitab | le interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E | busehold goods and furnishings fxamples: Major appliances, furniture, li l No l Yes. Describe | nens, china, kitchenware | | |
| | normal hou | sehold goods and related accessories | | \$2,500.00 |
| | | | | |
| E | including cell phones, camer | o, video, stereo, and digital equipment; computers, printe as, media players, games | rs, scanners; music collecti | ons: electronic devices |
| L | Yes. Describe | | | one, order one dovices |
| - | ollectibles of value | | | 010, 010010110 001000 |
| | | ings, prints, or other artwork; books, pictures, or other art a, collectibles | t objects; stamp, coin, or ba | |

Official Form 106A/B Schedule A/B: Property page 2

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| Debtor Debtor | | | Case number | er (if known) |
|-------------------------|----------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Exai | musical instruments | rcise, and other ho | obby equipment; bicycles, pool tables, golf clubs, sk | ris; canoes and kayaks; carpentry tools; |
| ■ N | es. Describe | | | |
| ■ N | mples: Pistols, rifles, shotguns, | ammunition, and r | related equipment | |
| 11. Clo t Exa | hes amples: Everyday clothes, furs, l | eather coats, desiç | gner wear, shoes, accessories | |
| | two norm | nal wardrobes a | and related accessories | \$5,000.00 |
| ■ N | mples: Everyday jewelry, costur | me jewelry, engage | ement rings, wedding rings, heirloom jewelry, watch | es, gems, gold, silver |
| Exa | -farm animals amples: Dogs, cats, birds, horses | 3 | | |
| ■ N | o es. Describe | | | |
| ■ N | | d items you did n | ot already list, including any health aids you did | I not list |
| □ Y | es. Give specific information | | | |
| | | | rt 3, including any entries for pages you have at | \$7,500.00 |
| | Describe Your Financial Assets | | | |
| Do you | own or have any legal or equi | table interest in a | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ N | mples: Money you have in your | • | ne, in a safe deposit box, and on hand when you file | e your petition |
| | | | Pocket | cash \$70.00 |
| Exa | institutions. If you have | | unts; certificates of deposit; shares in credit unions, with the same institution, list each. Institution name: | brokerage houses, and other similar |
| | 17.1. c | hecking | PNC Bank | \$0.00 |
| | 17.1. C | | . ITO SUITE | Ψ0.00 |
| | 17.2. C | hecking | Abbott Credit Union | \$50.00 |
| | | | | |

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| Debtor 2 | Peter J. Gochis | | Case number (if | known) |
|---------------------------|-------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| | 17.3. | savings | Abbott Credit Union | \$5.00 |
| | 17.4. | checking | State Farm | \$20.00 |
| Exam | , mutual funds, or publi ples: Bond funds, investm | cly traded stocks ent accounts with bro | okerage firms, money market accounts | |
| ■ No □ Yes | | Institution or issuer | name: | |
| joint v | ublicly traded stock and renture | l interests in incorp | orated and unincorporated businesses, including an | interest in an LLC, partnership, and |
| ■ No □ Yes. | Give specific information | n about them | % of ownership | : |
| Negot | iable instruments include | personal checks, cas | stiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. insfer to someone by signing or delivering them. | |
| | Give specific information | about them suer name: | | |
| | ment or pension accour bles: Interests in IRA, ER | | 03(b), thrift savings accounts, or other pension or profit-s | haring plans |
| : : : | List each account separa | ately. of account: | Institution name: | |
| | 4011 | (| Discover | \$0.00 |
| | 4011 | ζ. | Morgan Stanley | \$170,000.00 |
| | IRA | | | \$0.00 |
| | IRA | | | \$16,000.00 |
| Your s | | its you have made so | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications of | companies, or others |
| | | | Institution name or individual: | |
| 23. Annuit ■ No | ties (A contract for a period | odic payment of mone | ey to you, either for life or for a number of years) | |
| ☐ Yes | lssuer nar | me and description. | | |
| | ts in an education IRA, C. §§ 530(b)(1), 529A(b) | | ualified ABLE program, or under a qualified state tuit | ion program. |
| ☐ Yes | Institution | name and description | n. Separately file the records of any interests.11 U.S.C. § | 521(c): |
| ■ No | , equitable or future into | | ther than anything listed in line 1), and rights or power | ers exercisable for your benefit |

Official Form 106A/B Schedule A/B: Property page 4

Document Page 25 of 83 Debtor 1 Lynn M. Gochis Debtor 2 Peter J. Gochis Case number (if known) 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: State Farm \$500k death benefit term \$0.00 spouse policy State Farm term policy \$250k death spouse \$0.00 benefit 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

Case 17-21430

Doc 1

Filed 07/19/17

Entered 07/19/17 10:29:43

Desc Main

Case 17-21430 Doc 1 Filed 07/19/17 Entered 07/19/17 10:29:43 Desc Main Page 26 of 83 Document Lynn M. Gochis Debtor 1 Debtor 2 Peter J. Gochis Case number (if known) 35. Any financial assets you did not already list ■ No $\hfill \square$ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$186,145.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$260,000.00 56. Part 2: Total vehicles, line 5 \$14,000.00 Part 3: Total personal and household items, line 15 57. \$7,500.00 Part 4: Total financial assets, line 36 \$186,145.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$207.645.00 Copy personal property total \$207.645.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$467,645.00

| | | I A A A A A A A A A A A A A A A A A A A | 311 1 14(4), 7 1 (4) (4) | | |
|---------------------|--------------------------|-----------------------------------------|--------------------------|--------------------------------------|--|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Lynn M. Gochis | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Peter J. Gochis | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions a | re you claiming | ? Check one only | , even if you | r spouse is filing | g with y | you. |
|----|---------------------------|-----------------|------------------|---------------|--------------------|----------|------|
|----|---------------------------|-----------------|------------------|---------------|--------------------|----------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|----------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------------------------------------|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 1051 S. Normandy Road Waukegan, IL 60085 Lake County | \$260,000.00 | | \$30,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2001 Ford Mustang Line from Schedule A/B: 3.1 | \$5,000.00 | | \$4,800.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/D. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2001 Ford Mustang Line from Schedule A/B: 3.1 | \$5,000.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| Line Holli Schedule A.D. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| normal household goods and related accessories | \$2,500.00 | | \$2,500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| two normal wardrobes and related accessories | \$5,000.00 | | \$5,000.00 | 735 ILCS 5/12-1001(a) |
| Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case number (if known)

Document Page 28 of 83 Lynn M. Gochis Debtor 1 Debtor 2

Peter J. Gochis

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Pocket cash Line from Schedule A/B: 16.1 | \$70.00 | | \$70.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | checking: Abbott Credit Union Line from Schedule A/B: 17.2 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | savings: Abbott Credit Union Line from Schedule A/B: 17.3 | \$5.00 | | \$5.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | checking: State Farm Line from Schedule A/B: 17.4 | \$20.00 | | \$20.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401k: Discover Line from Schedule A/B: 21.1 | \$0.00 | | \$0.00 | 735 ILCS 5/12-1006 |
| | Zine nem eshedate /v2. z · · · | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401k: Morgan Stanley Line from Schedule A/B: 21.2 | \$170,000.00 | | \$170,000.00 | 735 ILCS 5/12-1006 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | IRA: Line from Schedule A/B: 21.3 | \$0.00 | | \$0.00 | 735 ILCS 5/12-1006 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | IRA: Line from Schedule A/B: 21.4 | \$16,000.00 | | \$16,000.00 | 735 ILCS 5/12-1006 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | State Farm \$500k death benefit term policy | \$0.00 | | \$500,000.00 | 215 ILCS 5/238 |
| | Beneficiary: spouse Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | State Farm term policy \$250k death benefit | \$0.00 | | \$250,000.00 | 215 ILCS 5/238 |
| | Beneficiary: spouse Line from <i>Schedule A/B</i> : 31.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes | 3 years after that for ca | ases fi | , | , |

| | | Document Page | e 29 of 83 | | |
|--------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|---------------|
| Fill in this inform | nation to identify yoເ | ır case: | | | |
| Debtor 1 | Lynn M. Gochis | | | | |
| Debier 1 | First Name | Middle Name Last Na | me | - | |
| Debtor 2 | Peter J. Gochis | | | | |
| (Spouse if, filing) | First Name | Middle Name Last Na | me | - | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | _ | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | _ | led filing |
| | | | | | - |
| Official Forn | n 106D | | | | |
| Schedule | D: Creditors | Who Have Claims Secu | red by Propert | :V | 12/15 |
| | | | - | | |
| | | If two married people are filing together, both a out, number the entries, and attach it to this fo | | | |
| 1. Do any creditors | have claims secured by | y your property? | | | |
| □ No. Check | this box and submit t | his form to the court with your other schedul | les. You have nothing else | to report on this form. | |
| _ | | ŕ | oo. Tournave neuming clos | to roport on the form. | |
| | all of the information | Delow. | | | |
| Part 1: List A | Il Secured Claims | | . Column A | Column B | Column C |
| | | more than one secured claim, list the creditor sepa s a particular claim, list the other creditors in Part 2 | arately | Value of collateral | Unsecured |
| | | cal order according to the creditor's name. | Do not deduct the | that supports this | portion |
| O. 4. Alley Finan | aial Dank | Describe the second that are second the electron | value of collateral. | claim | If any |
| 2.1 Ally Finar Creditor's Name | | Describe the property that secures the claim | : \$13,917.00 | \$9,000.00 | \$4,917.00 |
| Orodior o Hami | • | 2012 Lincoln MKZ 155,000 miles use for Uber and Lyft | | | |
| 200 Panai | ssance Center | As of the date you file, the claim is: Check all t | hat | | |
| Detroit, M | | apply. ☐ Contingent | | | |
| | , City, State & Zip Code | ☐ Unliquidated | | | |
| | , т.у, т.ш. т. —р т.ш. | ☐ Disputed | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ■ An agreement you made (such as mortgage | or secured | | |
| Debtor 2 only | | car loan) | | | |
| ■ Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's li | ien) | | |
| ☐ At least one of the | he debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this cl | | Other (including a right to offset) | | | |
| community de | bt | | | | |
| | Opened 01/16 Last | | | | |
| | Active | | | | |
| Date debt was inco | urred 5/23/17 | Last 4 digits of account number 7 | 228 | | |
| | | | | | |
| / . / . | omes Loans, | | s \$301,652.00 | \$260,000.00 | \$41,652.00 |
| Creditor's Name | | Describe the property that secures the claim | · _ · | \$200,000.00 | Ψ41,032.00 |
| Creditor's Name | = | 1051 S. Normandy Road Waukegar IL 60085 Lake County | 1, | | |
| PO Box 2 | 4610 | As of the date you file, the claim is: Check all t | hat | | |
| | a City, OK 73124 | apply. ☐ Contingent | | | |
| | , City, State & Zip Code | ☐ Unliquidated | | | |
| , 2.1000 | . ,, | ☐ Disputed | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ■ An agreement you made (such as mortgage | or secured | | |
| Debtor 2 only | | car loan) | | | |

Official Form 106D

■ Debtor 1 and Debtor 2 only

 $\hfill \square$ At least one of the debtors and another

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

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| | | | | • | | | |
|---------------|-----------------------------------|------------------|------------------------------------|------------|-----------------------|---------|---------|
| Debtor 1 L | ynn M. Gochis | | | | Case number (if know) | | |
| Fi | rst Name N | /liddle Name | Last Name | | _ | | |
| Debtor 2 P | eter J. Gochis | | | | | | |
| Fi | rst Name N | /liddle Name | Last Name | | | | |
| ☐ Check if t | his claim relates to a ity debt | ☐ Other | (including a right to offset) | | | | |
| | Opened 05/10 L Active | .ast | | 0500 | | | |
| Date debt wa | s incurred 4/06/17 | La | st 4 digits of account number | 8502 | <u> </u> | | |
| 2.3 Fifth | Third Bank | Describe | the property that secures the c | laim: | Unknown | Unknown | Unknown |
| Creditor's | | | 21839 Riviiera Court, | | | | |
| | | Munde | • | | | | |
| | Kingsley Drive nnati, OH 45263 | As of the apply. | date you file, the claim is: Chec | k all that | | | |
| Number | Street, City, State & Zip Co | | = | | | | |
| 740501, | onder, only, chaic a zip oc | | | | | | |
| Who owes t | he debt? Check one. | | of lien. Check all that apply. | | | | |
| Debtor 1 o | | _ | | | | | |
| Debtor 2 o | - | An ag | reement you made (such as morto | gage or s | ecurea | | |
| _ | and Debtor 2 only | _ | ory lien (such as tax lien, mechan | ic's lien) | | | |
| ☐ At least on | ne of the debtors and an | other 🗖 Judan | nent lien from a lawsuit | | | | |
| ☐ Check if t | his claim relates to a ity debt | | (including a right to offset) | | | | |
| Date debt wa | s incurred | La | ast 4 digits of account number | | | | |
| Add the do | llar value of your entri | es in Column A o | n this page. Write that number h | nere: | \$315,569.00 | 1 | |
| | • | | value totals from all pages. | | · ' ' | 1 | |
| | number here: | • | . 5 | | \$315,569.00 | 1 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

| | | Docume | nt Page 31 of | 83 | - | |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|-----------------------|------------------------|------------------|
| Fill in this inforr | nation to identify your case | | | | | |
| Debtor 1 | I vnn M. Gochis | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Peter J. Gochis | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | inkruptcy Court for the: NC | RTHERN DISTRICT | OF ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | ed filing |
| Official Forn | n 106F/F | | | | | |
| | | Have Unsecu | red Claims | | | 12/15 |
| | | | | or creditors with NON | IPRIORITY claims. Li | |
| ny executory cont | tracts or unexpired leases that of | could result in a claim. | Also list executory contrac | ts on Schedule A/B: F | Property (Official For | m 106A/B) and on |
| | | | | | | |
| eft. Attach the Con | ntinuation Page to this page. If y | | | | | |
| | , , | | | | | |
| | | | | | | |
| | • • | ms against you? | | | | |
| | Part 2. | | | | | |
| Yes. | Peter J. Gochis Fruntare Midde Nurie Last Name Last A digits of account number Last 1 digits of account number Last 4 digits of account number Las | | | | | |
| | | | | | | |
| | | | | | | |
| Part 1. If more | than one creditor holds a particula | ar claim, list the other cre | ditors in Part 3. | | | J |
| (For an explana | ation of each type of claim, see the | e instructions for this form | m in the instruction booklet.) | Total alaim | Briarity | Nonnriority |
| | | | | Total Claim | • | • |
| | | | | \$2,123,808. | | \$2,123,808. |
| | <u> </u> | Last 4 digits of | account number 455C | 68 | \$0.00 | 68 |
| • | | When was the | Asht incurred? | | | |
| | • | Which was the C | | | - | |
| | | As of the date y | ou file, the claim is: Check a | all that apply | | |
| Who incurred | d the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 o | only | ☐ Unliquidated | | | | |
| Debtor 2 o | only | ☐ Disputed | | | | |
| ☐ Debtor 1 a | and Debtor 2 only | | TY unsecured claim: | | | |
| | | ☐ Domestic sup | oport obligations | | | |
| | | Taxes and or | ertain other debts you owe the | a aovernment | | |
| | • | | • | J | | |
| ■ No | | | | | | |
| ☐ Yes | | - Other opecin | | | | |
| Dort O. Lint A | II of Your MONDDIODITY II | | | | | |
| | | | | | | |
| | | | | | | |
| ☐ No. You har | ve nothing to report in this part. So | ubmit this form to the cou | urt with your other schedules. | | | |
| Yes. | | | | | | |
| | | | | | | |
| | | | | | | |

Total claim

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| | Lynn M. Gochis Peter J. Gochis | | Case number (if know) | |
|-----|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|-------------|
| | Advanta Bank Corp/cws Nonpriority Creditor's Name | Last 4 digits of account number | 3816 | \$8,838.00 |
| | Po Box 9217 Old Bethpage, NY 11804 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim in | Opened 07/05 Last Active 5/31/09 is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debts | |
| | ■ No | · | | |
| | Yes | Other. Specify Charge Acc | count | |
| | Alan Shifrin & Assoc. Nonpriority Creditor's Name | Last 4 digits of account number | 0620 | \$3,383.50 |
| | 3315 Algonquin Road Suite 202 | When was the debt incurred? | | |
| - | Rolling Meadows, IL 60008 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.3 | Amex Nonpriority Creditor's Name | Last 4 digits of account number | 7713 | \$15,712.00 |
| | Po Box 297871 Fort Lauderdale, FL 33329 | When was the debt incurred? | Opened 01/07 Last Active 1/18/12 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify Credit Card | l | |

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Debtor 2 Peter J. Gochis Case number (if know) 4.4 \$1,065.00 Last 4 digits of account number 8583 Amex Nonpriority Creditor's Name Opened 04/07 Last Active Po Box 297871 When was the debt incurred? 1/18/12 Fort Lauderdale, FL 33329 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated ■ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.5 Aqua Last 4 digits of account number 4815 \$156.32 Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Ascentium Capital** Last 4 digits of account number 4.6 \$100,000.00 Nonpriority Creditor's Name c/o Drost Gilbert Andrew & Apicella When was the debt incurred? 4811 Emerson, #110 Palatine, IL 60067 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Ascentium Capital v. Gochis, et al. ☐ Yes

Debtor 1 Lynn M. Gochis

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Debtor 2 Peter J. Gochis Case number (if know) 4.7 AT&T \$86.75 Last 4 digits of account number 1323 Nonpriority Creditor's Name PO Box 8100 When was the debt incurred? Aurora, IL 60507-8100 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.8 **Bank of America** Last 4 digits of account number 3598 \$70.00 Nonpriority Creditor's Name PO Box 15019 When was the debt incurred? Wilmington, DE 19886-5019 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Bank of America - Checking \$20.00 4.9 Last 4 digits of account number Account Nonpriority Creditor's Name When was the debt incurred? 3210 W. IL Route 60 Mundelein, IL 60060 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes Other. Specify

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| Last 4 digits of account number | 6572 | \$7,689. |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| When was the debt incurred? | Opened 06/08 Last Active 10/14/11 | |
| As of the date you file, the claim | s: Check all that apply | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| Debts to pension or profit-sharing | g plans, and other similar debts | |
| Other. Specify Credit Card | <u> </u> | |
| Last 4 digits of account number | 5248 | \$5,289 |
| When was the debt incurred? | Opened 07/08 Last Active 10/14/11 | |
| As of the date you file, the claim | s: Check all that apply | |
| | | |
| | | |
| Contingent | | |
| ☐ Unliquidated | | |
| ☐ Unliquidated ☐ Disputed | J. alatav | |
| ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: ration agreement or divorce that you did not | |
| ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Credit Card Last 4 digits of account number When was the debt incurred? | Opened 06/08 Last Active 10/14/11 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Last 4 digits of account number 5248 Opened 07/08 Last Active |

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Debtor 2 Peter J. Gochis Case number (if know) 4.1 **Bowling Green Sports Center, Inc.** Unknown Last 4 digits of account number 2 Nonpriority Creditor's Name c/o Thomas Kolschowsky, Reg. When was the debt incurred? Agent 800 Roosevelt Rd., Bldg. A #120 Glen Ellvn. IL 60137 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Bowling Green Sports Center, Inc. v. G.A.G., LLC, et al. DuPage County Case No. 15-L-302 ☐ Yes Other Specify Appellate Case No. 2-16-0656 4.1 Capital One Bank Usa N 8009 \$21.684.96 Last 4 digits of account number Nonpriority Creditor's Name 15000 Capital One Dr When was the debt incurred? Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 \$19,090.21 Capital One Bank Usa N 8724 Last 4 digits of account number Nonpriority Creditor's Name 15000 Capital One Dr When was the debt incurred? Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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| | Lynn M. Gochis Peter J. Gochis | | Case number (if know) | |
|----------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------|
| 4.1 5 | Chaz Dean | Last 4 digits of account number | 3748 | \$98.84 |
| | Nonpriority Creditor's Name SKO Brenner Assoc. 841 Merrick Road Baldwin, NY 11510 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 | Comcast | Last 4 digits of account number | 7475 | \$56.16 |
| | Nonpriority Creditor's Name PO Box 3002 Southeastern, PA 19398-3002 | When was the debt incurred? | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | ComEd | Last 4 digits of account number | 5063 | \$358.74 |
| | Nonpriority Creditor's Name PO Box 6111 Carol Stream, IL 60197-6111 | When was the debt incurred? | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |

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| Peter J. Gochis | | Case number (if know) | |
|----------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Comenity Bank/carsons | Last 4 digits of account number | 6162 | \$165.0 |
| Nonpriority Creditor's Name | _ | | |
| 3100 Easton Square Pl Columbus, OH 43219 | When was the debt incurred? | Opened 05/05 Last Active 5/11/17 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Consumers Coop Cred Un | Last 4 digits of account number | 1002 | \$134,612.0 |
| Nonpriority Creditor's Name | _ | | |
| 2750 Washington St Waukegan, IL 60085 | When was the debt incurred? | Opened 09/07 Last Active 11/09/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | ■ Other. Specify Credit Line | Secured | |
| Discover Card | Last 4 digits of account number | 8125 | \$13,342.6 |
| Nonpriority Creditor's Name PO Box 6103 | When was the debt incurred? | | · |
| Carol Stream, IL 60197-6103 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | 7.6 of the date you me, the claim | or check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | _ | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | and the second s | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other, Specify | | |

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| Debto Debto | r 1 Lynn M. Gochis Peter J. Gochis | | Case number (if know) | |
|----------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------|
| 4.2 | Discover Fin Svcs Llc | Last 4 digits of account number | 2502 | \$8,945.00 |
| | Nonpriority Creditor's Name Po Box 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 08/02 Last Active 4/18/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | d aleter. | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify ☐ Credit Carc | , | |
| 4.2 | Discover Fin Svcs Llc Nonpriority Creditor's Name | Last 4 digits of account number | 3976 | \$789.00 |
| | Po Box 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 02/07 Last Active 9/22/13 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| 4.2 | Du Trac Community Cred Nonpriority Creditor's Name | Last 4 digits of account number | 8990 | \$10,704.00 |
| | | When was the debt incurred? | Opened 08/99 Last Active 10/14/13 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | | |

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| Debtor 1 Debtor 2 | Lynn M. Gochis Peter J. Gochis | | Case number (if know) | |
|----------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------|
| 4 | FIA Card Services | Last 4 digits of account number | 9807 | \$7,423.00 |
| F | Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19850-5019 | When was the debt incurred? | | |
| 1 | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| [| Debtor 1 only | ☐ Contingent | | |
| I | Debtor 2 only | ☐ Unliquidated | | |
| [| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| [| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| [| ☐ Check if this claim is for a community | ☐ Student loans | | |
| | lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| I | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| [| ☐Yes | Other. Specify | | |
| 4.2 5 | FIA Card Services | Last 4 digits of account number | 1322 | \$5,166.00 |
| F | Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19850-5019 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| V | Who incurred the debt? Check one. | | | |
| [| Debtor 1 only | ☐ Contingent | | |
| I | Debtor 2 only | ☐ Unliquidated | | |
| [| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| [| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| I | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| [| Yes | Other. Specify | | |
| 4.2 | Gold Coast Bank | Last 4 digits of account number | | Unknown |
| | Nonpriority Creditor's Name 1165 North Clark Street Suite 200 | When was the debt incurred? | 2007 | |
| 1 | Chicago, IL 60610 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| [| Debtor 1 only | ☐ Contingent | | |
| I | Debtor 2 only | ☐ Unliquidated | | |
| [| Debtor 1 and Debtor 2 only | □ Disputed | | |
| _ | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | lebt s the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| I | No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| [| ⊐ Yes | foreclosed | of corporate SBA loan on now real estate and business assets loan assets worth significantly | |

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Debtor 1 Lynn M. Gochis Debtor 2 Peter J. Gochis Case number (if know) 4.2 Gould & Ratner \$4.500.00 Last 4 digits of account number Nonpriority Creditor's Name 222 N. laSalle Street When was the debt incurred? Suite 800 Chicago, IL 60601 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify possible legal fees 4.2 **Groot Industries** 6399 \$230.45 Last 4 digits of account number 8 Nonpriority Creditor's Name 2500 Landmeier Road When was the debt incurred? Elk Grove Village, IL 60007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 **Harvard Collection** 3686 \$1,298.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 4839 N Elston Ave When was the debt incurred? **Opened 11/16** Chicago, IL 60630 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney II Department Of** ■ Other Specify Human Service ☐ Yes

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Debtor 2 Peter J. Gochis Case number (if know) **Ivanhoe Club Property Owners** 4.3 \$685.00 0 Assoc. Last 4 digits of account number Nonpriority Creditor's Name 1251 N. Plum Grove Road When was the debt incurred? Suite 140 Schaumburg, IL 60173 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 J & J Sports Productions, Inc. Unknown Last 4 digits of account number Nonpriority Creditor's Name 2380 S. Bascom Avenue When was the debt incurred? #200 Campbell, CA 95008 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No J & J Sports Productions, Inc. v. Gochis, et ■ Other. Specify Case No. 14-cv-9749 ☐ Yes Linebarger Goggan Blair & 4.3 2183 \$58.80 Sampson Last 4 digits of account number Nonpriority Creditor's Name 233 South Wacker Drive When was the debt incurred? **Suite 4030** Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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| MBNA Last 4 digits of account number 9381 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | \$18,709.15 |
| Nonpriority Creditor's Name PO Box 15019 When was the debt incurred? | |
| Wilmington, DE 19886-5019 | |
| Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | |
| ☐ Debtor 1 only ☐ Contingent | |
| ■ Debtor 2 only | |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed | |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community ☐ Student loans | |
| debt | not |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes ☐ Other. Specify | |
| 4.3 A Nicor Gas Last 4 digits of account number 4635 | \$23.75 |
| Nonpriority Creditor's Name PO Box 416 When was the debt incurred? | |
| Aurora, IL 60568-0001 Number Street City State Zlp Code Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply | |
| ☐ Debtor 1 only ☐ Contingent | |
| ■ Debtor 2 only Unliquidated | |
| □ Debtor 1 and Debtor 2 only □ Disputed | |
| ☐ At least one of the debtors and another ☐ Type of NONPRIORITY unsecured claim: | |
| The least one of the debtors and another | |
| ☐ Check if this claim is for a community debt ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did n | not |
| Is the claim subject to offset? report as priority claims | |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes ☐ Other. Specify | |
| North Shore Gas Last 4 digits of account number 5044 | \$752.94 |
| Nonpriority Creditor's Name PO Box 19083 When was the debt incurred? Green Bay, WI 54307-9083 | |
| Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | |
| ☐ Debtor 1 only ☐ Contingent | |
| ■ Debtor 2 only □ Unliquidated | |
| □ Debtor 1 and Debtor 2 only □ Disputed | |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community ☐ Student loans | |
| debt ☐ Obligations arising out of a separation agreement or divorce that you did n | not |
| Is the claim subject to offset? report as priority claims | |
| | |

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Debtor 1 Lynn M. Gochis

| Peter J. Gochis | | Case number (if know) | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-----------|
| Reinhart Food Service | Last 4 digits of account number | 0301 | \$1,878.6 |
| Nonpriority Creditor's Name 6250 North River Road Suite 900 | When was the debt incurred? | | , ,, |
| Rosemont, IL 60018 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Td Bank Usa/targetcred | Last 4 digits of account number | 6702 | \$321.0 |
| Nonpriority Creditor's Name | | | • |
| Po Box 673 Minneapolis, MN 55440 | When was the debt incurred? | Opened 01/11 Last Active 6/10/14 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing | a plane, and other similar debts | |
| ■ No □ Yes | Other. Specify Credit Card | | |
| La res | Other. Specify Oredit Care | <u>'</u> | |
| Van Ness Chiropractic | Last 4 digits of account number | | \$25.0 |
| Nonpriority Creditor's Name 215 S. Northwest Highway Suite 102 | When was the debt incurred? | | |
| Barrington, IL 60010 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | Other. Specify | | |

Case 17-21430 Doc 1 Filed 07/19/17 Entered 07/19/17 10:29:43 Desc Main Page 45 of 83 Document Debtor 1 Lynn M. Gochis Debtor 2 Peter J. Gochis Case number (if know) 4.3 Verizon \$95.91 Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 1100 When was the debt incurred? Albany, NY 12250-0001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Andre Ordeanu Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Zane D. Smith & Assoc., Ltd. ■ Part 2: Creditors with Nonpriority Unsecured Claims 415 N. LaSalle St., Suite 501 Chicago, IL 60654 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Credit Collection Service Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 725 Canton Street Part 2: Creditors with Nonpriority Unsecured Claims Norwood, MA 02062 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Enhances Recovery Co.** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 8014 Bayberry Road Part 2: Creditors with Nonpriority Unsecured Claims Jacksonville, FL 32256 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address IC System Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 64378 Part 2: Creditors with Nonpriority Unsecured Claims Saint Paul, MN 55164 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Jefferson Capital Systems** Line 4.39 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Saint Cloud, MN 56303 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? LTD Financial Services Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 7322 Southwest Freeway #1600 ■ Part 2: Creditors with Nonpriority Unsecured Claims Houston, TX 77074 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Mandarich Law Group Line 4.33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 9200 Oakdale Avenue Part 2: Creditors with Nonpriority Unsecured Claims Suite 601 Chatsworth, CA 91311 Last 4 digits of account number

16 McLeland Road

Part 2: Creditors with Nonpriority Unsecured Claims

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| Debtor 2 Peter J. Gochis | | Case number (if know) | | |
|--------------------------------------------|-------------------------------------------|-------------------------------------------------------|---|--|
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | _ | |
| Michael Stahelin | Line 4.12 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 800-A Roosevelt Road #120 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Glen Ellyn, IL 60137 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| Midland Credit Management | Line 4.13 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 2365 Northside Drive Suite 30 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| San Diego, CA 92108 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| Midland Credit Management | Line 4.14 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 2365 Northside Drive Suite 30 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| San Diego, CA 92108 | | | | |
| • | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| Performant Recovery | Line 2.1 of (Check one): | ■ Part 1: Creditors with Priority Unsecured Claims | | |
| 333 North Canyons Parkway Suite 100 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Livermore, CA 94551 | | | | |
| | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| RMS | Line 4.28 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 7575 Gateway Boulevard Newark, CA 94560 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Newaik, OA 34300 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| Weltman Weinbert & Reis | Line 4.20 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 180 North LaSalle Street Suite 2400 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Chicago, IL 60601 | | | | |
| | Last 4 digits of account number | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|--------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| rom Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 2,123,808.68 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 2,123,808.68 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| om Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 393,323.74 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 393,323.74 |

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Debtor 1 Lynn M. Gochis
Debtor 2 Peter J. Gochis

Case number (if know)

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| | | I A A A A A A A A A A A A A A A A A A A | 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|---------------------|--------------------------|-----------------------------------------|---------------------------------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Lynn M. Gochis | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Peter J. Gochis | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---------------------------------------------------|---------------------|-----------------------------------------|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Oldio | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | Oity | | State | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

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| | | Docume | nt Page 49 o | of 8.3 |
|----------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in this in | nformation to identify your | case: | | |
| Debtor 1 | Lynn M. Gochis | | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | Peter J. Gochis | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | er | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Schedu Codebtors a people are fi | iling together, both are equ | re also liable for any deb ally responsible for supp | lying correct informa | as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write |
| | and case number (if known) | | | to this page. On the top of any Additional Lages, write |
| 1. Do yo | ou have any codebtors? (If | you are filing a joint case, o | do not list either spouse | e as a codebtor. |
| ■ No □ Yes | | | | |
| Arizona, | n the last 8 years, nave you, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | ry? (Community property states and territories include ington, and Wisconsin.) |
| in line 2 | 2 again as a codebtor only i 06D), Schedule E/F (Official | f that person is a guaran | tor or cosigner. Make | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 06G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| | olumn 1: Your codebtor ime, Number, Street, City, State and Zl | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 2.1 | | | | Cahadula D. lina |
| 3.1 | ame | | | □ Schedule D, line □ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | | | | |
| Nu Ci | umber Street ty | State | ZIP Code | |
| 3.2 | | | | Cahadula D. lina |
| | ame | | | □ Schedule D, line □ Schedule E/F, line |
| | | | | ☐ Schedule E/F, line |
| | | | | |
| Nu Ci | umber Street | State | ZIP Code | |
| Ci | Ly . | oidle | ZIP Code | |

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| Deb | otor 1 Lynn M. Go | chis | | |
|---------------------|--------------------------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------|
| | potor 2 Peter J. Goo | chis | | |
| | | . NODTHEDNI DICTOR | OT OF ILLINOIS | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | | |
| | se number nown) | | - | Check if this is: |
| (| , | | | ☐ An amended filing☐ A supplement showing postpetition chapter |
| | | | | 13 income as of the following date: |
| 0 | fficial Form 106I | | | MM / DD/ YYYY |
| S | chedule I: Your Inc | ome | | 12/15 |
| Par 1. | Describe Employment Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | | ■ Employed | ■ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| | employers. | Occupation | Executive Assistant | Manager |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Abbvie | Sunset Bowl |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1400 Sheridan Road North Chicago, IL 60064 | 2015 North Lewis Avenue Waukegan, IL 60087 |
| | | | | |
| | | How long employed t | here? 6 months plus | 1 year |
| Par | t 2: Give Details About Mo | | here? 6 months plus | 1 year |
| Esti | | nthly Income | | n, write \$0 in the space. Include your non-filing |
| Esti spou | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to report for any line | |

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,817.99 1,575.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 1,832.90 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 7,650.89 1,575.00

Official Form 106I Schedule I: Your Income page 1

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Lynn M. Gochis Debtor 1 Peter J. Gochis Debtor 2 Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 7.650.89 1,575.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 5a. 1,203.76 120.50 5b. Mandatory contributions for retirement plans 5b. \$ \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 765.18 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 0.00 5e. Insurance 5e. \$ 484.99 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. Union dues 5q. 0.00 0.00 5h. Other deductions. Specify: Combined appeal 5h.+ 50.00 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 2,503.93 120.50 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 7. \$ 5,146.96 1,454.50 List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a \$ 0.00 0.00 Interest and dividends \$ 8h. 8h. \$ 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. \$ \$ Specify: 0.00 0.00 8g. Pension or retirement income 8g. \$ \$ 0.00 0.00 Other monthly income. Specify: Uber 8h.+ \$ \$ 2,769.72 8h. 0.00 \$ \$ 871.06 Lyft 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 0.00 3,640.78 10. \$ \$ 10. Calculate monthly income. Add line 7 + line 9. 5,146.96 5,095.28 \$ 10,242.24 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 10.242.24 12. applies Combined monthly income Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain: Debtor 1's overtime has decreased and is erratic. Likely to result in less income.

Official Form 106I Schedule I: Your Income page 2

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| | | | | | | 1 | | |
|--------|------------------------------|------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|-------------------|-----------------------------------------------|
| Filli | n this informa | ition to identify yo | our case: | | | | | |
| Debt | tor 1 | Lynn M. God | his | | | Chec | ck if this is: | |
| | | | | | | | An amended filing | |
| Debt | or 2 ouse, if filing) | Peter J. Goo | his | | | | | wing postpetition chapter the following date: |
| (Opo | ruse, ii iiiiig) | | | | | _ | · | |
| Unite | ed States Bankı | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | _ | MM / DD / YYYY | |
| Case | e number | | | | | | | |
| (If kn | nown) | | | | | | | |
| | | | | | |] | | |
| Of | ficial Fo | rm 106J | | | | | | |
| Sc | hedule | J: Your | Exper | ises | | | | 12/1 |
| Be a | as complete rmation. If m | and accurate as | s possible. eded, atta | If two married people and the community of the community | | | | |
| Part | | ribe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | □ No. Go to | | | | | | | |
| | | | in a separa | ate household? | | | | |
| | ■ N □ Y | | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you hay | e dependents? | □ No | | | | | |
| | Do not list D | • | | Fill out this information for | Dependent's relat | ionshin to | Dependent's | Does dependent |
| | Debtor 2. | ebior i and | Yes. | each dependent | Debtor 1 or Debto | | age | live with you? |
| | Do not state | tho | | | | | | □ No |
| | dependents | | | | Daughter | | 9 | Yes |
| | | | | | | | | □ No |
| | | | | | Son | | 9 | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| 2 | Do your ove | annon ingludo | _ | | | | | ☐ Yes |
| 3. | expenses o | oenses include f people other t d your depende | :han $_{\square}$ | No Yes | | | | |
| Part | | ate Your Ongoi | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | value of suc | h assistance an | non-cash o | government assistance i | f you know Your Income | | V | |
| (Off | icial Form 10 | 061.) | | | | | Your exp | C11362 |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgag | e 4. \$ | i | 2,302.00 |
| | If not include | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | • | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 62.00 |
| | | • | • | ıpkeep expenses | | 4c. \$ | | 200.00 |
| | | owner's associa | | | | 4d. \$ | | 27.00 |
| 5 | Additional r | mortgage navm | ante for ve | nur residence such as ho | me equity loans | 5 \$ | | 0.00 |

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| | | vnn M. Gochis eter J. Gochis | ase num | ber (if known) | |
|-----|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------|------------------------------|
| 6. | Utilities: | | | | |
| | 6a. Ele | ectricity, heat, natural gas | 6a. | \$ | 245.00 |
| | 6b. Wa | ater, sewer, garbage collection | 6b. | \$ | 25.00 |
| | 6c. Te | lephone, cell phone, Internet, satellite, and cable services | 6c. | · | 115.00 |
| | 6d. Ot | her. Specify: Garbage | 6d. | \$ | 15.00 |
| | | ıwn | _ | \$ | 160.00 |
| 7. | | d housekeeping supplies | 7. | | 600.00 |
| 8. | | e and children's education costs | 8. | | 415.00 |
| 9. | _ | ı, laundry, and dry cleaning | 9. | · | 120.00 |
| 10. | | I care products and services | 10. | · | 200.00 |
| 11. | | and dental expenses | 11. | \$ | 75.00 |
| 12. | | rtation. Include gas, maintenance, bus or train fare. | 12. | \$ | 800.00 |
| 13 | | clude car payments. nment, clubs, recreation, newspapers, magazines, and books | 13. | · | 300.00 |
| | | ele contributions and religious donations | 14. | | 50.00 |
| | Insurance | <u> </u> | 14. | Ψ | 30.00 |
| 10. | | clude insurance deducted from your pay or included in lines 4 or 20. | | | |
| | | e insurance | 15a. | \$ | 150.00 |
| | 15b. He | ealth insurance | 15b. | \$ | 440.00 |
| | 15c. Ve | hicle insurance | 15c. | \$ | 120.00 |
| | 15d. Ot | her insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. D Specify: | o not include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| 17. | | ent or lease payments: | | | |
| | | ar payments for Vehicle 1 | 17a. | · | 332.00 |
| | | ar payments for Vehicle 2 | 17b. | · | 200.00 |
| | | her. Specify: Weltman, Weinberg | 17c. | | 300.00 |
| | 17d. Ot | her. Specify: Newland & Newland | 17d. | \$ | 500.00 |
| | | ueGreen - Time Share | | \$ | 85.00 |
| 18. | | yments of alimony, maintenance, and support that you did not report as | 18. | \$ | 0.00 |
| 10 | | d from your pay on line 5, Schedule I, Your Income (Official Form 106I). Syments you make to support others who do not live with you. | 10. | \$ | 0.00 |
| 10. | Specify: | syments you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| 20. | | al property expenses not included in lines 4 or 5 of this form or on Schedu | _ | our Income. | |
| | | ortgages on other property | 20a. | | 0.00 |
| | 20b. Re | eal estate taxes | 20b. | \$ | 0.00 |
| | 20c. Pro | operty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | | aintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Ho | omeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Other: S | pecify: | 21. | +\$ | 0.00 |
| 00 | 0-11-4 | | _ | | |
| ZZ. | | e your monthly expenses I lines 4 through 21. | | \$ | 7 929 00 |
| | | · · · · · · · · · · · · · · · · · · · | | · - | 7,838.00 |
| | | by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. Add | line 22a and 22b. The result is your monthly expenses. | | \$ | 7,838.00 |
| 23. | Calculat | e your monthly net income. | | | |
| | | ppy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 10,242.24 |
| | | ppy your monthly expenses from line 22c above. | 23b. | -\$ | 7,838.00 |
| | 222 5 | the track your monthly over another from your monthly income | | | |
| | | btract your monthly expenses from your monthly income. e result is your <i>monthly net income</i> . | 23c. | \$ | 2,404.24 |
| 24. | For examp modification No. | expect an increase or decrease in your expenses within the year after you ole, do you expect to finish paying for your car loan within the year or do you expect your mon to the terms of your mortgage? | | | ase or decrease because of a |
| | Yes. | Explain here: Monthly utility expenses will begin April, 2016 | | | |

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| Elli to dita tatan | | | | | |
|----------------------|---------------------------------------------------|--------------------------|----------------|--------------------------------|---------------------------------------------------------------------------------|
| FIII IN THIS INTOFI | mation to identify your | case: | | | |
| Debtor 1 | Lynn M. Gochis | | | | |
| | First Name | Middle Name | Last Na | me | |
| Debtor 2 | Peter J. Gochis | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Na | me | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Form | | n Individual | Dehtor | 's Schedules | 4045 |
| Joolal at | HOIT ABOUT | iii iiiaiviaaai | DUDIUI | 3 Concadico | 12/15 |
| · | 8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | | |
| Did you pa | y or agree to pay some | one who is NOT an attor | ney to help yo | u fill out bankruptcy forms? | , |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | ankruptcy Petition Preparer's Notice, ion, and Signature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the sum | mary and sche | edules filed with this declara | ation and |
| X /s/ Lyn | ın M. Gochis | | X /s | Peter J. Gochis | |
| Lynn N | M. Gochis | | | eter J. Gochis | |
| Signatu | re of Debtor 1 | | Si | gnature of Debtor 2 | |
| Date , | July 19, 2017 | | Da | ate July 19, 2017 | |

| | | nation to identify you | r case: | | | | |
|-----------|-------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------|-------------|------------------------------------------------------------|-------------------------------------------------------|
| De | ebtor 1 | Lynn M. Gochis First Name | Middle Name | Last Name | | | |
| De | ebtor 2 | Peter J. Gochis | imadic Name | <u> </u> | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | | |
| Un | nited States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | |
| Ca | se number | | | | | | |
| (if k | known) | | | | | | Check if this is an |
| | | | | | | | amended filing |
| \sim | «: -: - I 🗆 - | 407 | | | | | |
| | fficial Fo | | Affaina fan India | : | f D | | |
| | | | Affairs for Indiv | | | | 4/1 |
| | | | | | | equally responsible for su additional pages, write yo | |
| | | n). Answer every que | | | | , | |
| Pa | rt 1: Give D | Details About Your Ma | arital Status and Where Yo | u Lived Before | | | |
| 1. | What is you | r current marital statu | ıs? | | | | |
| | . | | | | | | |
| | MarriedNot mar | | | | | | |
| 2. | | | lived anywhere other than | a whore you live no | ? | | |
| ۷. | During the id | asi 3 years, nave you | lived anywhere other than | i where you live not | N f | | |
| | □ No | | | | | | |
| | Yes. Lis | t all of the places you l | ived in the last 3 years. Do | not include where you | u live now | '. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor lived there | 1 Debtor 2 | Prior Ad | dress: | Dates Debtor 2 lived there |
| | 28587 Sky Mundelein | crest Drive n, IL 60060 | From-To: 8/2015 to 8/2 | .016 Same a | as Debtor ' | | Same as Debtor 1 From-To: |
| | | Riviera Court | From-To: | ■ Same | as Debtor | | ■ Same as Debtor 1 |
| | Mundelein | n, IL 60060 | 8/2007 to 8/2 | .015 | | | From-To: |
| | | | | | | | |
| 3. sta | | | | | | ity property state or territo co, Texas, Washington and | |
| | ■ No | | | | | | |
| | _ | ake sure you fill out Sci | hedule H: Your Codebtors (| Official Form 106H). | | | |
| | | | | | | | |
| Pa | rt 2 Explai | in the Sources of You | ir Income | | | | |
| 4. | Fill in the tota | al amount of income yo | nployment or from operat u received from all jobs and have income that you recei | l all businesses, inclu | ding part | | endar years? |
| | _ | • | • | - | | | |
| | | l in the details. | | | | | |
| | — 165. FIII | i iii tiie uetalis. | | | | | |
| | | | Debtor 1 | | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductio exclusions) | ns and | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |

Official Form 107

Case 17-21430 Doc 1 Filed 07/19/17 Entered 07/19/17 10:29:43 Desc Main Debtor 1 Lynn M. Gochis

| Debtor 2 Peter J. Gochis | | | | Case number (if known) | | | | | |
|--------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------|-------------------------------------------------------|--|--|
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) | | |
| | | y 1 of current year until filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$34,902.00 | ■ Wages, commonuses, tips | nissions, | \$31,290.00 | | |
| | | | ☐ Operating a business | | Operating a b | usiness | | | |
| 5. | Include in and other winnings. | come regardless of wheth public benefit payments; If you are filing a joint cas | e during this year or the two ner that income is taxable. Ex- pensions; rental income; intel se and you have income that your nome from each source separa | amples of other income are a rest; dividends; money collec- you received together, list it of | alimony; child suppo cted from lawsuits; ro only once under Deb | oyalties; and otor 1. | | | |
| | | Fill in the details. | | | | | | | |
| | | | Debtor 1 | Out of important | Debtor 2 | | One of income | | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) | | |
| | | dar year before that: December 31, 2015) | SNAP PAYMENTS FOR 3-4 MONTHS | \$0.00 | | | | | |
| ò. | Are eithe ■ No. | Neither Debtor 1 nor Dindividual primarily for a During the 90 days before No. Go to line 7 Yes List below a paid that or not include | Pebtor 2 has primarily consume Debtor 2 has primarily consuments a personal, family, or househow ore you filed for bankruptcy, dignorated for bankruptcy, dignorated for the personal part of the personal payments to an attorney for the form of the personal payments to an attorney for the form of the personal payments to an attorney for the personal payments and every 3 year | umer debts. Consumer debtald purpose." d you pay any creditor a total data total of \$6,425* or more into the for domestic support oblights bankruptcy case. | ol of \$6,425* or more in one or more payr gations, such as chil | e? nents and the | ne total amount you nd alimony. Also, do | | |
| | ☐ Yes. | Debtor 1 or Debtor 2 o | or both have primarily consu ore you filed for bankruptcy, di | ımer debts. | | adjustinoni | • | | |
| | | include pay | 7. each creditor to whom you pai vments for domestic support o r this bankruptcy case. | | | | | | |
| | Creditor | 's Name and Address | Dates of payme | ent Total amount paid | Amount you still owe | Was this p | payment for | | |
| 7. | Insiders in of which y | nclude your relatives; any you are an officer, director | r bankruptcy, did you make general partners; relatives of r, person in control, or owner or roprietor. 11 U.S.C. § 101. Inc. | any general partners; partners of 20% or more of their voting | erships of which you g securities; and any | are a gene managing | ral partner; corporation agent, including one fo | | |
| | ■ No □ Yes. | List all payments to an in | osider. | | | | | | |
| | Insider's | Name and Address | Dates of payme | ent Total amount paid | Amount you still owe | Reason fo | r this payment | | |

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| Debte | Peter J. Gochis | | Cas | se number (if known) | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|----------------------|---------------------------------|-----------------------|
| | Nithin 1 year before you filed for bankrupt nsider? | tcy, did you make any pa | yments or transfer a | any property on a | eccount of a deb | t that benefited ar |
| li | nclude payments on debts guaranteed or co | signed by an insider. | | | | |
| ı | ■ No | | | | | |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include creditor | |
| Part | 4: Identify Legal Actions, Repossessio | ns, and Foreclosures | | | | |
| L | Nithin 1 year before you filed for bankrupt ist all such matters, including personal injury nodifications, and contract disputes. | | | | | |
| [| ☐ No ☐ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| | Fifth Third Bank v. Gochis | Residential | Circuit Court o | | ☐ Pending | |
| | 13 CH 1969 | Foreclosure County, Illinois | | ☐ On appeal | | |
| _ | | | | | Concluded | İ |
| | Gold Coast Bank v. Gochis et al. | foreclosure on | DuPage Count | у | ☐ Pending | |
| | | commercial property/ receiver | | | On appeal | |
| _ | | was in place | | | Concluded | 1 |
| | J and J Sports Productions, Inc. v. | collection for US District Court | | urt | ■ Pending | |
| | Gochis et al. 14-cv-9749 | alleged improper video usuage | | | On appeal | |
| _ | | Appeal of DuPage Appellate Court of Illinois, County Case No. Second Dist 15-L-302 | | | ☐ Concluded | 1 |
| | Bowling Green Spors Center, Inc. | | | rt of Illinois, | Pending | |
| | v. G.A.G., LLC, et al. Appellat No. 2-16-0656 | | | | On appeal | |
| _ | Appendit No. 2 To 0000 | 10 2 002 | | | Concluded | I |
| | Ascentium Capital v. Gochis, et al. | Dentinue | Dentinue Cook County Circuit Co | | ■ Pending | |
| | 2016-M3-002406 | | | | ☐ On appeal | |
| _ | | | | | ☐ Concluded | I |
| | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo | | perty repossessed, t | oreclosed, garni | shed, attached, | seized, or levied? |
| | ☐ No. Go to line 11. | | | | | |
| | Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | | Describe the Property | | | Value of the property |
| | | Explain what happene | | 0.10.11 | | 4000 000 0 |
| | Fifth Third Bank | 21839 Riviera Cour Mundelein, IL 60060 | | 8/3/2 | 2015 | \$600,000.00 |
| | | ☐ Property was reposs | sessed. | | | |
| | | Property was foreclo | | | | |
| | | ☐ Property was garnis | | | | |
| | | ☐ Property was attach | ed, seized or levied. | | | |

Entered 07/19/17 10:29:43 Case 17-21430 Doc 1 Filed 07/19/17 Desc Main Page 58 of 83 Document Debtor 1 Lynn M. Gochis Debtor 2 Peter J. Gochis Case number (if known) **Creditor Name and Address** Value of the Describe the Property Date property Explain what happened **Gold Coast Bank Bowling Green Sports Center, West** ended \$0.00 Chicago, IL @5/2017 Property was repossessed. Property was foreclosed. □ Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

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Debtor 1 Lynn M. Gochis
Debtor 2 Peter J. Gochis

Case number (if known)

| Par | 7: List Certain Payments or Transfers | | | | | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------|----------------------|----------------------------------------------------|-----------------------------------------------|--|--|--|
| 16. | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or presented any attorneys, bankruptcy petition presented. | eparing a bankruptcy p | etition? | | | rty to anyone you | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | transferred | d value of any pro | perty | Date payment or transfer was made | Amount of payment | | | |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y | ors or to make paymer | | | r transfer any prope | rty to anyone who | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | Description and transferred | d value of any pro | perty | Date payment or transfer was made | Amount of payment | | | |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers n include gifts and transfers that you have alrea | business or financial a nade as security (such a | ffairs? s the granting of a | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Transfer Address | Description and property transfe | | | ny property or received or debts | Date transfer was made | | | |
| | Person's relationship to you | | | P 3.1.1. 3.1. | 9 | | | | |
| 19. | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p No | | any property to a | self-settled tru | st or similar device | of which you are a | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of trust | Description and | d value of the prop | perty transferre | ed | Date Transfer was | | | |
| Par | 8: List of Certain Financial Accounts, I | nstruments, Safe Depo | sit Boxes, and Sto | orage Units | | | | | |
| 20 | Within 4 year before you filed for bonkering | av ware any financial | | umanta haldin | | aur banafit alaaad | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | clos | e account was sed, sold, ved, or nsferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed f | or bankruptcy, ar | ny safe deposit | box or other depos | itory for securities, | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution | Who else had a | ccess to it? | Describe the o | ontents | Do you still | | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number State and ZIP Code) | , Street, City, | 2000 ine tile t | -Cincino | have it? | | | |

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Debtor 1 Lynn M. Gochis
Debtor 2 Peter J. Gochis

Case number (if known)

| 22. | Have you stored property in a storage unit or pla | ce other than your home within 1 | year before you filed for bankruptcy? | • | | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|--|--|
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | |
| Par | 9: Identify Property You Hold or Control for S | omeone Else | | | | |
| 23. | Do you hold or control any property that someor for someone. | ne else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | |
| Par | 10: Give Details About Environmental Information | tion | | | | |
| For | he purpose of Part 10, the following definitions a | ipply: | | | | |
| | Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | r, land, soil, surface water, ground stances, wastes, or material. | dwater, or other medium, including sta | atutes or | | |
| _ | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | |
| | <i>Hazardous material</i> means anything an environn hazardous material, pollutant, contaminant, or si | | s waste, hazardous substance, toxic s | ubstance, | | |
| Rep | ort all notices, releases, and proceedings that you | u know about, regardless of when | n they occurred. | | | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? | | |
| ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any r | release of hazardous material? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or administ | trative proceeding under any envi | ronmental law? Include settlements a | nd orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Par | 11: Give Details About Your Business or Conn | ections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have an | y of the following connections to any | business? | | |
| | ☐ A sole proprietor or self-employed in a tr | ade, profession, or other activity, | either full-time or part-time | | | |
| | A member of a limited liability company (| (LLC) or limited liability partnersh | ip (LLP) | | | |
| Offici | I Form 107 Statement of | Financial Affairs for Individuals Filing | for Bankruptov | nage | | |

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| Debtor 2 | Lynn M. Gochis Peter J. Gochis | Ca | ase number (if known) |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| | ☐ A partner in a partnership | | |
| | | | |
| | An officer, director, or managing e | • | |
| | ☐ An owner of at least 5% of the votil | ng or equity securities of a corporation | |
| | No. None of the above applies. Go to | Part 12. | |
| | Yes. Check all that apply above and fi | Il in the details below for each business. | |
| Ad | Isiness Name Idress Imber, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. |
| | | | Dates business existed |
| | A.G.,LLC W 150 Roosevelt Road | Sports Complex West Chicago, IL debtor 2 had | EIN: |
| W | est Chicago, IL 60185 | 39% LLC interest | From-To 2007 to 5/2017 |
| | | Tom Glavin Westmont, IL | |
| P. | B.J. Bar, Inc. | Debtor 2 has 39% interest | EIN: |
| _ | | | From-To 2007 to present |
| P. | B.J. Club, Inc. | Debtor 2 had 39% interest | EIN: |
| | | | From-To 2007-4/2015 |
| P. | B.J.O., Inc. | Debtor 2 is 39% owner | EIN: |
| | | | From-To |
| ins | hin 2 years before you filed for bankrup titutions, creditors, or other parties. No Yes. Fill in the details below. Ime Idress | otcy, did you give a financial statement to a | nyone about your business? Include all financial |
| | imber, Street, City, State and ZIP Code) | | |
| Part 12 | Sign Below | | |
| are true with a b | and correct. I understand that making a | | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. |
| | n M. Gochis | /s/ Peter J. Gochis | |
| • | M. Gochis ure of Debtor 1 | Peter J. Gochis Signature of Debtor 2 | |
| J | | • | |
| Date _ | July 19, 2017 | Date <u>July 19, 2017</u> | |
| Did you ■ No □ Yes | attach additional pages to Your Statem | ent of Financial Affairs for Individuals Filin | ng for Bankruptcy (Official Form 107)? |
| Did vou | pay or agree to pay someone who is no | ot an attorney to help you fill out bankrupto | ev forms? |
| ■ No | ,, ag pa, comocne mile is in | said and said and said appearance | , |
| | Name of Person . Attach the Bankn | uptcy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119). |

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| Debtor 1 | Lynn M. Gochis | | | |
|--------------------|--------------------------|-------------------|-------------|-------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Peter J. Gochis | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| if known) | | | | ☐ Check if this is a amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1, For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Creditor's Ally Financial Bank name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: 2012 Lincoln MKZ 155,000 miles use for Uber and Lyft | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ■ Yes |
| Creditor's Caliber Homes Loans, Inc. | ☐ Surrender the property. | □No |
| Description of 1051 S. Normandy Road property Waukegan, IL 60085 Lake | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| securing debt: County | Retain the property and [explain]: Retain and pay | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Debtor 1 Debtor 2 | Lynn M. Gochis Peter J. Gochis | Case number (if known) |
|-----------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|
| | | <u>_</u> |
| Lessor's r | name: on of leased | □ No |
| Property: | 664664 | ☐ Yes |
| Lessor's r | | □ No |
| Property: | n of leased | ☐ Yes |
| Lessor's r | | □ No |
| Property: | n of leased | ☐ Yes |
| Lessor's r | | □ No |
| Property: | n of leased | ☐ Yes |
| Lessor's r | | □ No |
| Description Property: | n of leased | ☐ Yes |
| Lessor's r | | □ No |
| Description Property: | n of leased | ☐ Yes |
| Lessor's r | | □ No |
| Description Property: | on of leased | ☐ Yes |
| Part 3: | Sign Below | |
| Under per | nalty of perjury, I declare that I have indi | ed my intention about any property of my estate that secures a debt and any personal |
| | hat is subject to an unexpired lease. .ynn M. Gochis | X /s/ Peter J. Gochis |
| | n M. Gochis | Peter J. Gochis |
| - | ature of Debtor 1 | Signature of Debtor 2 |
| Date | July 19, 2017 | Date July 19, 2017 |

| Fill in this infor | mation to identify your case: | | CH | neck one box only a | as directed in this form and in For | m |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Debtor 1 | Lynn M. Gochis | | 12 | 2A-1Supp: | | |
| Debtor 2 (Spouse, if filing) | Peter J. Gochis | | | 1. There is no p | presumption of abuse | |
| | Bankruptcy Court for the: Northern District of | Illinois | | applies will t | on to determine if a presumption be made under <i>Chapter 7 Means</i> (Official Form 122A-2). | |
| Case number (if known) | | | | ☐ 3. The Means 7 | Fest does not apply now because itary service but it could apply late | of er. |
| | | | | | is an amended filing | |
| Official F | orm 122A - 1 | | | | | |
| Chapter | 7 Statement of Your Cur | rent M | onthly Ind | come | | 12/15 |
| attach a separate ase number (if qualifying milital Part 1: Ca 1. What is y Marrie Marrie Livi per livi Fill in the ave 101(10A). For the 6 months, | and accurate as possible. If two married people are sheet to this form. Include the line number to we known). If you believe that you are exempted from ry service, complete and file Statement of Exempted cour marital and filing status? Check one on arried. Fill out Column A, lines 2-11. And and your spouse is filing with you. Fill out and your spouse is NOT filing with you. You go in the same household and are not legang separately or are legally separated. Fill on alty of perjury that you and your spouse are leng apart for reasons that do not include evading the add the income for all 6 months and divide the total the same rental property, put the income from that property | hich the add n a presump tion from Pre ly. It both Colur You and yo lly separate out Column gally separ- gg the Mean sources, deri onth period w by 6. Fill in th | mns A and B, lines ur spouse are: ed. Fill out both Co. A, lines 2-11; do nated under nonbars Test requirement ived during the 6 fuould be March 1 three result. Do not include the control of the contro | applies. On the top use you do not have to Under § 707(b)(2) (c) is 2-11. Solumns A and B, lin ot fill out Column B inkruptcy law that a ts. 11 U.S.C § 707(c) ill months before youngh August 31. If the ide any income amou | of any additional pages, write your primarily consumer debts or becau Official Form 122A-1Supp) with this uses 2-11. By checking this box, you declate pplies or that you and your spous (b)(7)(B). If if this bankruptcy case. 11 U.S.C amount of your monthly income varient more than once. For example, if bo | name and use of s form. The under se are C. § d during |
| - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| | ss wages, salary, tips, bonuses, overtime, a | and commi | ssions (before all | \$ | \$ | |
| | and maintenance payments. Do not include is filled in. | payments fr | om a spouse if | \$ | \$ | |
| of you or from an u and room | nts from any source which are regularly paryour dependents, including child support. nmarried partner, members of your household mates. Include regular contributions from a spoon of include payments you listed on line 3. | Include reg , your depe | ular contributions ndents, parents, | \$ | \$ | |
| | me from operating a business, profession, | or farm | | | | |
| | | | Debtor 1 | | | |
| Gross red | ceipts (before all deductions) | \$ | | | | |
| Ordinary | and necessary operating expenses | -\$ | | | | |
| Net mont | hly income from a business, profession, or farr | n \$ | Copy here -> | \$ | \$ | |
| Net inco | me from rental and other real property | 15 | 12 F2 | | | |
| | | | Debtor 1 | | | |
| Gross red | ceipts (before all deductions) | \$ | | | | |
| | and necessary operating expenses | -\$ | 3 - 11, 3000 co. 1 000,004 | | | |
| Net mont | hly income from rental or other real property | \$ | Copy here -> | > \$ | \$ | |

7. Interest, dividends, and royalties

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Debtor 1 Debtor 2 Lynn M. Gochis Peter J. Gochis

Case number (if known)

| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing sp | ouse |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------|----------------|----------------------------|------------------------------------------|------------------------------|
| 8. | Unemployment compensation Do not enter the amount if you contend that the amount received Security Act. Instead list it have | ceived was a benef | fit und | er | \$ | \$ | |
| | the Social Security Act. Instead, list it here: For you \$ | | | | | | |
| | For your spouse \$ | | | | | | |
| 9. | Pension or retirement income. Do not include any amount benefit under the Social Security Act. | nt received that wa | s a | | \$ | s | |
| 10. | Income from all other sources not listed above. Specify Do not include any benefits received under the Social Secureceived as a victim of a war crime, a crime against human domestic terrorism. If necessary, list other sources on a se total below. | urity Act or paymen ity, or international | its I or | 10 | | | |
| | a a | | | | \$ | \$ | |
| | | | | | \$ | \$ | |
| | Total amounts from separate pages, if any. | | | + | \$ | \$ | |
| 11. | Calculate your total current monthly income. Add lines each column. Then add the total for Column A to the total f | | \$ | | + \$ | = | = s |
| | | | | | | | Total current monthly income |
| Part | 2: Determine Whether the Means Test Applies to Y | ou | | | | | |
| 12. | Calculate your current monthly income for the year. Fo | llow these steps: | | | | | |
| | 12a. Copy your total current monthly income from line 11 | | | | Copy line 11 he | re=> | \$ |
| | | | | | | | |
| | Multiply by 12 (the number of months in a year) | | | | | | x 12 |
| | 12b. The result is your annual income for this part of the fo | rm | | | | 12b. | \$ |
| 13. | Calculate the median family income that applies to you | ı. Follow these step | os: | | | | |
| | Fill in the state in which you live. | | | | | | |
| | Fill in the number of people in your household. | | | | | | |
| | Fill in the median family income for your state and size of h To find a list of applicable median income amounts, go onl for this form. This list may also be available at the bankrup | ine using the link s | pecifie | ed ii | n the separate instruction | 13. | \$ |
| 14. | How do the lines compare? | | | | | | |
| | 14a. | e top of page 1, ch | eck b | ox | 1, There is no presump | tion of abuse. | |
| | 14b. Line 12b is more than line 13. On the top of page 14b. Go to Part 3 and fill out Form 122A-2. | age 1, check box 2 | , The j | pre | sumption of abuse is de | etermined by I | Form 122A-2. |
| Part | 3: Sign Below | | | | | | |
| | By signing here, I declare under penalty of perjury that | t the information o | n this | sta | tement and in any attac | hments is true | and correct. |
| | x frynn M. Gochis | S-2 | | - 1 | Gochis | - | |
| | Signature of Debtor 1 Date 7-14-2017 MM / DD / YYYY | Date | $\tilde{\mathcal{T}}$ | ure — DD | YYYYY | | |
| | If you checked line 14a, do NOT fill out or file Form 12 | | | | eesses Tubbet | | |
| | If you checked line 14b, fill out Form 122A-2 and file i | t with this form | | | | | |

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| Fill in this information to identify your case: | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1 Lynn M. Gochis | |
| Debtor 2 Peter J. Gochis (Spouse, if filing) | |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number (if known) | ☐ Check if this is an amended filing |
| Official Form 122A - 1Supp Statement of Exemption from Presumption of A | buse Under § 707(b)(2) 12/15 |
| ile this supplement together with Chapter 7 Statement of Your Current Monthly Inc xempted from a presumption of abuse. Be as complete and accurate as possible. I xclusions in this statement applies to only one of you, the other person should cor equired by 11 U.S.C. § 707(b)(2)(C). | ome (Official Form 122A-1), if you believe that you are f two married people are filing together, and any of the |
| Part 1 Identify the Kind of Debts You Have | |
| Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S personal, family, or household purpose." Make sure that your answer is consistent w Individuals Filing for Bankruptcy (Official Form 1). | S.C. § 101(8) as "incurred by an individual primarily for a with the answer you gave at line 16 of the Voluntary Petition for |
| No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is supplement with the signed Form 122A-1. ☐ Yes. Go to Part 2. | s no presumption of abuse, and sign Part 3. Then submit this |
| Part 2: Determine Whether Military Service Provisions Apply to You | |
| 2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))? ☐ No. Go to line 3. | |
| ☐ Yes. Did you incur debts mostly while you were on active duty or while you were 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). | performing a homeland defense activity? |
| ☐ No. Go to line 3. | |
| ☐ Yes. Go to Form 122A-1: on the top of page 1 of that form, check box 1, 7 submit this supplement with the signed Form 122A-1. | here is no presumption of abuse, and sign Part 3. Then |
| 3. Are you or have you been a Reservist or member of the National Guard? | |
| ☐ No. Complete Form 122A-1. Do not submit this supplement. | |
| \square Yes. Were you called to active duty or did you perform a homeland defense act | ivity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). |
| ☐ No. Complete Form 122A-1. Do not submit this supplement. | |
| ☐ Yes. Check any one of the following categories that applies: | E |
| I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then the left this contact that the contact the second second apply now, and sign Part 3. |
| I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case. | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a |
| ☐ I am performing a homeland defense activity for at least 90 days | homeland defense activity, and for 540 days afterward. 11 |
| ☐ I performed a homeland defense activity for at least 90 days. | U.S.C. § 707(b)(2)(D)(ii). |
| ending on, which is fewer than 540 days before I file this bankruptcy case. | If your exclusion period ends before your case is closed, you may have to file an amended form later. |
| | |

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| Fill i | n this information to identify your case: | | | | irected in this form and | in Form |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------------------------|
| Deb | tor 1 Lynn M. Gochis | | 122 | 2A-1Supp: | | |
| Deb | tor 2 Peter J. Gochis use, if filling) | | _ ' | ■ 1. There is no pres | umption of abuse | |
| ' ' | ed States Bankruptcy Court for the: Northern District o | f Illinois | | | o determine if a presur | |
| | | | | | nade under <i>Chapter 7 i</i> icial Form 122A-2). | Means Lest |
| (if kno | e number wn) | | _ _ | | does not apply now be service but it could ap | |
| | | | | ☐ Check if this is a | n amended filing | |
| Off | icial Form 122A - 1 | | | | | |
| Ch | apter 7 Statement of Your Cur | rent Mont | hlv Inc | ome | | 12/15 |
| attacl case | complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wonumber (if known). If you believe that you are exempted frow ying military service, complete and file Statement of Exempted 1: Calculate Your Current Monthly Income | hich the additional m a presumption of | information a abuse becau | pplies. On the top of a se you do not have pri | ny additional pages, writ narily consumer debts o | te your name and or because of |
| 1. | What is your marital and filing status? Check one or | ıly. | | | | |
| | □ Not married. Fill out Column A, lines 2-11. | | | | | |
| | \square Married and your spouse is filing with you. Fill ou | it both Columns A | and B, lines | 2-11. | | |
| | $\hfill\square$ Married and your spouse is NOT filing with you. | | | | | |
| | ☐ Living in the same household and are not lega | Illy separated. Fill | out both Co | umns A and B, lines 2 | 2-11. | |
| | ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are living apart for reasons that do not include evadir | egally separated u | nder nonban | kruptcy law that appli | es or that you and your | |
| 10 th | Il in the average monthly income that you received from all of (10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total propers own the same rental property, put the income from that p | onth period would be by 6. Fill in the resul | March 1 throut. Do not include | igh August 31. If the amo le any income amount m | ount of your monthly incon ore than once. For examp | ne varied during ble, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and commission | s (before all | \$ | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | payments from a | spouse if | \$ | \$ | |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regular coll, your dependents | ontributions s, parents, | \$ | \$ | |
| 5. | Net income from operating a business, profession, | | | | | |
| | | Debto | r 1 | | | |
| | Gross receipts (before all deductions) | \$ | | | | |
| | Ordinary and necessary operating expenses | -\$ | opy here -> | ¢ | \$ | |
| | Net monthly income from a business, profession, or farm | m\$ | opy nere -> | Φ | Ψ | |
| 6. | Net income from rental and other real property | Debto | r 1 | | | |
| | Gross receipts (before all deductions) | \$ | | | | |
| | Ordinary and necessary operating expenses | -\$ | | | | |
| | Net monthly income from rental or other real property | \$ C | opy here -> | \$ | \$ | |
| 7. | Interest, dividends, and royalties | · | | \$ | \$ | |

Official Form 122A-1

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| Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you S Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Instead, list it here: For your spouse S Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amounts received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. S Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your total current monthly income for the year. Follow these steps: 12a. Copy our total current monthly income for the year. Follow these steps: 12b. Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12c. Copy our total current monthly income for the year. Follow these steps: 12a. Copy our total current monthly income for the spart of the form 12b. S Calculate the median family income for this part of the form 12c. The result is your annual income for this part of the form 12c. Calculate the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Co to Part 3. 14b. Line 12b is less than or equal to line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Co to Part 3. 14b. Line 12b is now than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Co to Part 3. 14b. Line 12b is ness than or equal to line 13. | | ynn M. Gochis Peter J. Gochis | | | Case numbe | er (if known) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------|--------------|-------------------|-------------|--------------|
| Unemployment compensation Do not center the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you | | | | | | Deb | tor 2 or | ouse |
| the Social Security Act. Instead, list it here: For you | Unem | ployment compensation | | | \$ | | | |
| Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. | Do not | t enter the amount if you contend that the amount | | | | <u> </u> | | |
| Pension or retirement income. Do not include any amount received that was a basefilt under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domnestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. Total amounts from separate pages, if any. Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Calculate your current monthly income for the year, Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> X 12 12b. The result is your annual income for this part of the form 12b. The result is your annual income for this part of the form 12c. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income to ry our state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Co to Part 3. Line 12b is now than line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 | For | you\$ | | | | | | |
| In the median family income for the year. Follow these steps: Calculate your current monthly income from line 11 | | | | | | | | |
| Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | benefit | t under the Social Security Act. | | | \$ | \$ | | |
| Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12c. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. 33 Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 Date July 19, 2017 | Do not receive domes | t include any benefits received under the Social S ed as a victim of a war crime, a crime against hun stic terrorism. If necessary, list other sources on a | ecurity Act or payme nanity, or international | nts al or | | | | |
| Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2: Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. \$ Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. For find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. | | · | | | \$ | \$ | | |
| Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2: Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. \$ Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. For find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. | | | | | \$ | \$ | | |
| Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income for your state and size of household. Fill in the median family income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /S/ Lynn M. Gochis | | lotal amounts from separate pages, if any. | | + | \$ | <u> </u> | | |
| Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 | | | | \$ | | + \$ | | |
| 12a. Copy your total current monthly income from line 11 | 2: | Determine Whether the Means Test Applies to | o You | | | | | |
| 12a. Copy your total current monthly income from line 11 | Calcul | late your current monthly income for the year. | Follow these steps: | | | | | |
| 12b. The result is your annual income for this part of the form Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis | 12a. C | copy your total current monthly income from line 1 | 1 | | Сор | y line 11 here=> | • | \$ |
| Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. | M | lultiply by 12 (the number of months in a year) | | | | | ٦ | x 12 |
| Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 Date July 19, 2017 | 12b. T | he result is your annual income for this part of the | e form | | | | 12b. | \$ |
| Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. 35 Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 Date July 19, 2017 | Calcul | late the median family income that applies to y | ou. Follow these ste | ps: | | | | |
| Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 Date July 19, 2017 | Fill in t | he state in which you live. | | | | | | |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis | | ' ' ' | | | | | Г | |
| Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 Date July 19, 2017 | To find | d a list of applicable median income amounts, go | online using the link s | specified | in the separ | ate instructions | 13. | \$ |
| Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 Date July 19, 2017 | How d | lo the lines compare? | | | | | | |
| 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 Date July 19, 2017 | 14a. | • | n the top of page 1, c | heck box | 1, There is | no presumption (| of abuse. | |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 X /s/ Peter J. Gochis Signature of Debtor 2 July 19, 2017 | 14b. | ☐ Line 12b is more than line 13. On the top o | f page 1, check box 2 | 2, The pre | esumption o | f abuse is detern | nined by F | Form 122A-2. |
| X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 X /s/ Peter J. Gochis Peter J. Gochis Signature of Debtor 2 July 19, 2017 Date July 19, 2017 | 3: | Sign Below | | | | | | |
| X /s/ Lynn M. Gochis Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 X /s/ Peter J. Gochis Peter J. Gochis Signature of Debtor 2 July 19, 2017 Date July 19, 2017 | В | y signing here, I declare under penalty of perjury | that the information of | n this sta | atement and | in any attachme | nts is true | and correct. |
| Lynn M. Gochis Signature of Debtor 1 Date July 19, 2017 Peter J. Gochis Signature of Debtor 2 July 19, 2017 Date July 19, 2017 | | | | | | - | | |
| Signature of Debtor 1 Signature of Debtor 2 Date July 19, 2017 Date July 19, 2017 | Х | | | | | 8 | | |
| | | | | | | 2 | | |
| | Date | July 19, 2017 | Date | July 19 | , 2017 | | | |
| | | | | | | | | |
| | If | you checked line 14b, fill out Form 122A-2 and fi | le it with this form. | | | | | |

Lynn M. Gochis

| Fill i | n this info | orma | ation to identify your case: | |
|-----------------------|--------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debt | or 1 | Ly | nn M. Gochis | |
| Debt (Spo | or 2 use, if filin | | eter J. Gochis | |
| Unite | ed States I | Bank | ruptcy Court for the: Northern District of Illinois | |
| | e number lown) | | | ☐ Check if this is an amended filing |
| | | | n 122A - 1Supp of Exemption from Presumption of Al | ouse Under § 707(b)(2) 12/1 |
| exem exclu equi | pted from sions in t red by 11 | n a p his s U.S. | nt together with Chapter 7 Statement of Your Current Monthly Incresumption of abuse. Be as complete and accurate as possible. If statement applies to only one of you, the other person should con C. § 707(b)(2)(C). | two married people are filing together, and any of the |
| Part | | | y the Kind of Debts You Have | |
| | personal, | fami | ts primarily consumer debts? Consumer debts are defined in 11 U.S ly, or household purpose." Make sure that your answer is consistent wing for Bankruptcy (Official Form 1). | |
| | | | Form 122A-1; on the top of page 1 of that form, check box 1, There is | no presumption of abuse, and sign Part 3. Then submit this |
| | ☐ Yes. 0 | ٠. | ement with the signed Form 122A-1. | |
| | □ Yes. (| JO 10 | Part 2. | |
| Part | 2: De | term | nine Whether Military Service Provisions Apply to You | |
| 2. | Are you a | dis | abled veteran (as defined in 38 U.S.C. § 3741(1))? | |
| | □ No. 0 | Go to | line 3. | |
| | | • | ou incur debts mostly while you were on active duty or while you were S.C. § 101(d)(1); 32 U.S.C. § 901(1). | performing a homeland defense activity? |
| | □N | lo. | Go to line 3. | |
| | ΠY | es. | Go to Form 122A-1: on the top of page 1 of that form, check box 1, 7 submit this supplement with the signed Form 122A-1. | here is no presumption of abuse, and sign Part 3. Then |
| 3. | Are you | or ha | ve you been a Reservist or member of the National Guard? | |
| | □ No. | Con | pplete Form 122A-1. Do not submit this supplement. | |
| | ☐ Yes. | Wer | e you called to active duty or did you perform a homeland defense acti | vity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). |
| | | lo. | Complete Form 122A-1. Do not submit this supplement. | |
| | ΠY | es. | Check any one of the following categories that applies: | |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3 <i>The Means Test does not apply now</i> , and sign Part 3. Ther |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case. | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a |
| | | | I am performing a homeland defense activity for at least 90 days. | homeland defense activity, and for 540 days afterward, 11 |
| | | | I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before I file this bankruptcy case. | If your exclusion period ends before your case is closed, you may have to file an amended form later. |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-21430 Doc 1 Filed 07/19/17 Entered 07/19/17 10:29:43 Desc Main Document Page 74 of 83

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Lynn M. Gochis Peter J. Gochis | | Case No. | | |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------|--------------------------------|---------|
| | Telef 0. Goding | Debtor(s) | Chapter | 7 | |
| | DISCLOSUPE OF COM | MPENSATION OF ATTOR | NEV FOD DE | RTOD(S) | |
| | | | | , , | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemp. | he filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered | or to |
| | | | | 2,858.00 | |
| | Prior to the filing of this statement I have rec | eived | \$ | 2,858.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. 7 | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. 7 | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 1. | ■ I have not agreed to share the above-disclosed | I compensation with any other person u | inless they are meml | pers and associates of my law | / firm. |
| | ☐ I have agreed to share the above-disclosed corcopy of the agreement, together with a list of | | | | . A |
| 5. | In return for the above-disclosed fee, I have agree | ed to render legal service for all aspects | of the bankruptcy c | ase, including: | |
| t c | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of d. [Other provisions as needed] Per representation agreement | es, statement of affairs and plan which | may be required; | | |
| б. I | By agreement with the debtor(s), the above-disclo Representation of the debtors in a any other adversary proceeding. | | | es, relief from stay action | ıs or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statemen rankruptcy proceeding. | t of any agreement or arrangement for p | payment to me for re | epresentation of the debtor(s) | in |
| Jı | uly 19, 2017 | /s/ John E. Gierur | n | | |
| | ate | John E. Gierum 0 Signature of Attorney | | | |
| | | Gierum & Mantas 2700 S. River Roa | d | | |
| | | Suite 308 | u | | |
| | | Des Plaines, IL 60 847/318-9130 Fax | | | |
| | | 347/318-9130 Fax John@gierummar | | | |
| | | Name of law firm | | | |

Chapter 7 Bankruptcy Retainer Agreement

This Agreement acknowledges that the undersigned individuals, LYNN M. GOCHIS and PETER J. GOCHIS, [collectively referred to as Clients] hereby retain and employ the Law Firm of Gierum & Mantas [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Clients agree to pay Attorney as follows:

- a) A FLAT FEE as specified in paragraph g) will be required to file a bankruptcy petition for the Clients and for representation of the Clients through discharge. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation shall begin upon execution of this agreement and tender of the initial payment, and will continue until the end of the case. The fee includes the preparation, review, and revision of the bankruptcy petition, communications with the Clients, representation and appearance at the §341 Meeting of Creditors, and §2004 examinations as necessary up to a three (3) hour limit, communication with the bankruptcy and United States trustees, communications with creditors, review and completion of reaffirmation agreements, court appearances, and audits up to three (3) hours.
- c) The fee does not include representation in any adversarial proceedings. The Clients and Attorney may enter in to an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- d) Additional Fees:
 - A Fee of \$250.00 shall be added in the event that Clients miss the scheduled §341 Meeting of Creditors without prior notice to Attorney.
 - A Fee of \$30.00 shall be added to amend Schedules D, E, and F to include creditors who were not originally provided by the Clients. The Clients have the full responsibility to ensure that all creditors are listed. NO CREDITORS CAN BE ADDED AFTER BANKRUPTCY DISCHARGE IS ENTERED.
 - A Fee of \$50.00 shall be added for any non-sufficient/returned checks. Post-dated checks are not accepted and will be voided upon receipt.
 - A fee of \$600.00 shall be added to reopen a case and file the second credit counseling certificate if the Clients fail to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- e) No case shall be filed until all fees are paid in full.
- f) In the event that Clients pay the flat fee in full, and later elect to not proceed with the case, the Clients are entitled to a refund of the court costs and filing fees only.

As the Clients: We agree to fully cooperate with our attorneys and provide all information requested at any point during the case. We understand that if we do not fully cooperate or provide complete and accurate information, our attorneys may withdraw from representation of us, with the permission of the Court.

If we have secured debt that we wish to retain (mortgages, financed vehicles or other financial property) that we may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and we must remain current on our payments.

Debts not discharged if they are not paid in full: student loans; educational debts, tax due in last 3 years, unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future association/condo HOA dues, or debts found non-dischargeable by a Judge.

g) The FLAT FEE for representation in this matter will be \$\(\frac{2,858.00}{.}\)

Client acknowledges that he or she has read this agreement in its entirety, understands it fully, has had an opportunity to ask questions regarding this agreement, is satisfied with it, and accepts it in its entirety.

Date: 1-14-17

Signed: Jum M. GOCHIS

Printed Name: LYNN M. GOCHIS

Signed: PETER J. GOCHIS

Date: 7-14-17

Signed: Gierum & Mantas

United States Bankruptcy Court Northern District of Illinois

| In re | Lynn M. Gochis Peter J. Gochis | | Case No. | |
|-------|-----------------------------------------|--------------------------------------------|-----------------------------|----------------|
| | | Debtor(s) | Chapter 7 | |
| | V | VERIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 56 |
| | The above-named Debtor (our) knowledge. | (s) hereby verifies that the list of credi | tors is true and correct to | the best of my |
| Date: | July 19, 2017 | /s/ Lynn M. Gochis Lynn M. Gochis | | |
| | | Signature of Debtor | | |
| Date: | July 19, 2017 | /s/ Peter J. Gochis | | |
| | | Peter J. Gochis Signature of Debtor | | |

Advanta Bank Corp/cws Po Box 9217 Old Bethpage, NY 11804

Alan Shifrin & Assoc. 3315 Algonquin Road Suite 202 Rolling Meadows, IL 60008

Ally Financial Bank 200 Renaissance Center Detroit, MI 48243

Amex Po Box 297871 Fort Lauderdale, FL 33329

Amex Po Box 297871 Fort Lauderdale, FL 33329

Andre Ordeanu Zane D. Smith & Assoc., Ltd. 415 N. LaSalle St., Suite 501 Chicago, IL 60654

Aqua

Ascentium Capital c/o Drost Gilbert Andrew & Apicella 4811 Emerson, #110 Palatine, IL 60067

AT&T PO Box 8100 Aurora, IL 60507-8100

Bank of America PO Box 15019 Wilmington, DE 19886-5019

Bank of America - Checking Account 3210 W. IL Route 60 Mundelein, IL 60060

Bk Of Amer Po Box 982238 El Paso, TX 79998

Bk Of Amer Po Box 982238 El Paso, TX 79998

Bowling Green Sports Center, Inc. c/o Thomas Kolschowsky, Reg. Agent 800 Roosevelt Rd., Bldg. A #120 Glen Ellyn, IL 60137

Caliber Homes Loans, Inc. PO Box 24610 Oklahoma City, OK 73124

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Chaz Dean SKO Brenner Assoc. 841 Merrick Road Baldwin, NY 11510

Comcast PO Box 3002 Southeastern, PA 19398-3002

ComEd PO Box 6111 Carol Stream, IL 60197-6111

Comenity Bank/carsons 3100 Easton Square Pl Columbus, OH 43219

Consumers Coop Cred Un 2750 Washington St Waukegan, IL 60085

Credit Collection Service 725 Canton Street Norwood, MA 02062

Discover Card PO Box 6103 Carol Stream, IL 60197-6103

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Du Trac Community Cred

Enhances Recovery Co. 8014 Bayberry Road Jacksonville, FL 32256

FIA Card Services PO Box 15019 Wilmington, DE 19850-5019

FIA Card Services PO Box 15019 Wilmington, DE 19850-5019

Fifth Third Bank 5050 Kingsley Drive Cincinnati, OH 45263

Gold Coast Bank 1165 North Clark Street Suite 200 Chicago, IL 60610

Gould & Ratner 222 N. laSalle Street Suite 800 Chicago, IL 60601 Groot Industries 2500 Landmeier Road Elk Grove Village, IL 60007

Harvard Collection 4839 N Elston Ave Chicago, IL 60630

IC System
PO Box 64378
Saint Paul, MN 55164

Ivanhoe Club Property Owners Assoc. 1251 N. Plum Grove Road Suite 140 Schaumburg, IL 60173

J & J Sports Productions, Inc. 2380 S. Bascom Avenue #200 Campbell, CA 95008

Jefferson Capital Systems 16 McLeland Road Saint Cloud, MN 56303

Linebarger Goggan Blair & Sampson 233 South Wacker Drive Suite 4030 Chicago, IL 60606

LTD Financial Services 7322 Southwest Freeway #1600 Houston, TX 77074

Mandarich Law Group 9200 Oakdale Avenue Suite 601 Chatsworth, CA 91311

MBNA
PO Box 15019
Wilmington, DE 19886-5019

Michael Stahelin 800-A Roosevelt Road #120 Glen Ellyn, IL 60137

Midland Credit Management 2365 Northside Drive Suite 30 San Diego, CA 92108

Midland Credit Management 2365 Northside Drive Suite 30 San Diego, CA 92108

Nicor Gas PO Box 416 Aurora, IL 60568-0001

North Shore Gas PO Box 19083 Green Bay, WI 54307-9083

Performant Recovery 333 North Canyons Parkway Suite 100 Livermore, CA 94551

Reinhart Food Service 6250 North River Road Suite 900 Rosemont, IL 60018

RMS
7575 Gateway Boulevard
Newark, CA 94560

Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440

US Department of Treasury 1500 Pennsylvania Avenue NW Washington, DC 20220 Van Ness Chiropractic 215 S. Northwest Highway Suite 102 Barrington, IL 60010

Verizon PO Box 1100 Albany, NY 12250-0001

Weltman Weinbert & Reis 180 North LaSalle Street Suite 2400 Chicago, IL 60601